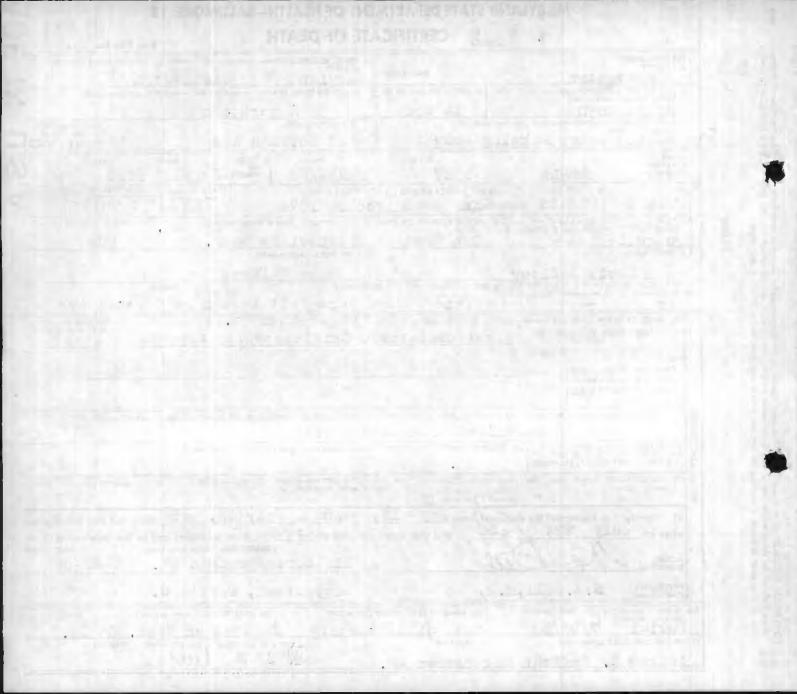
VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8422 CERTIFICATE OF DEATH

Reg. Dist. No. 3021

1.	o. COUNTY Washing	rton		MARYL	AND	a. STATE			lived. If institut	ode one	sce befor	re admiss	ion)
	b. CITY OR TOWN (IF	autside corporate limits	, write	c. LENGTH OF STAY II	N 1b	c. CITY OR T			e,8010g		give ned	rest fowr	1)
	Hagersto	,		14 Nos		23							
	d. NAME OF HOSPITAL		re street			Hagerstown # d. STREET ADDRESS e. 15 F							
	Martin 1	Manor Nur	sin	g Home		36 0	offn	an A	ve				PARM?
3.	NAME OF DECEASED (Type or print)	DELLA		MARY		BARNHA		4. DATE OF DEATH	July 2	3 19	58		Year
5.	Female	STILL A ALL IN	7. MARI	NEVER MARRIED DIVORCED	- "	B. DATE OF BIRTH	874		9. AGE (In years last birthday)			Haurs	R 24 HRS. Min,
10	a. USUAL OCCUPATION during most of working	(Give kind of work de	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State of	ar fareign co	ountry) Md	12. CI	IZEN O	F WHAT	COUNTRY
	lousewife	is the interest		Own Home		Downe					US,	A	
13	. FATHER'S NAME	20				14. MOTHER'S							
10	Lew1	s McElro			L		A MO	lfor					
	es, no, or unknown) (H	IN U. S. ARMED FORCE YES, give wor or dates of ter	(F24 19"	SOCIAL SECURITY NO.		NFORMANT AT THE	TITL A A		Add				
-	No			None	Mr				ton 182	4 Pe			
L	PART I. DEATH	H [Enter anly one cau I WAS CAUSED BY: MMEDIATE CAUSE (a)		ne for (a), (b), and (c).] cerioscle:		Hager ic Card				256	ONS	ET AND	DEATH
	11221	DUE TO	220				20,0	50420	2 2200	450	-		0.
П	Conditions, if ony	which)											
	gave rise la imi	mediate (-			
	lying couse last.	e under-											
Z	PART II. OTHE		ITIONS (CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	P. WAS	AUTOPSY
CATION		Gene:	rali	ized Arter	cio:	cleros	is					-	RMED?
CERTIF	20a, ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter nature of	injury in P	art I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	NJURY OCCURRED 2 Nat white k of work		CE OF INJURY (Hary, street, office			or townj	(1	County)		(State)
	21. I certify that alive on JUI	V 23/2	deceas 19		17 death	occurred at.	3:00.	AM, from	3, 1950 The causes	and on t	last sa he dat	w the	deceased ed above
	ACTUAL SIGNATURE	Kak)12	e)	/	M.D. 119			omac S	-	7-2	33–5	S SIGNED
	PHYSICIAN'S NAME (Type)	R.A.Bell	, M . I),		Hage	rsto	wn, N	arylan	d.			
22	D. BURIAL, CREMATION	226. DATE THEREOF		22c. NAME OF CEMET	ERY OF	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stat	e)
	Burial	7/25/58		Rose Hil	1 0	emetery	r H	lager:	stown W	ash.	Co	Md	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		-	24a REC'D	BY PEGIST		STRAR'S SI	GNATUR	E	
	Andrew K.	Coffman	Ha	gerstown	Md.		DATEUL	2 9 '58	Me	- eau	1		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

To special . . . CE STULL OF MARKETON .-

08423

CERTIFICATE OF DEATH 8472

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Washington	L MARYLAND	2. USUAL RESIDENCE (W. o. STATE		ed. If instituti b. COUNTY	on: Residenc		ssion)
B. CITY OR TOWN RURAL and give Smithsh		c. LENGTH OF STAY IN 16		outside corporate	limits, write R	URAL and g	ive riegrest tow	rn)
d. NAME OF HOSP OR INSTITUTION	Maple Ave.	oddress)	d. STREET ADDRESS	ple Av	e.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Earl	Middle Henry	Bowman	4. DATE OF DEATH	Mon J	uly:	Day	Yeor 1958
s. sex male	white widow		Sept. 26, 1	000	AGE (In years lost birthday) 57 yrs.		YEAR IF UNE	
owner	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR IND seneral stor	ustry 11. Birthplace (ston	or foreign count	Md.	12. CITI	ZEN OF WHA	T COUNTR
13. FATHER'S NAME	George Bowman		14. MOTHER'S MAIDEN		Barkd	oll		
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 4-09-2095	Mabel Bowma	ın, Smi	Add thsbur		i.	
	EATH [Enter only one cause per lit EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		osclusion				INTERVAL BONSET AND	
Conditions, if gove rise to couse (o), stating lying couse lost	ony, which immediate by the under by the under column (c)		ive cardio					rs.
2	THER SIGNIFICANT CONDITIONS C					EN IN PART	PERF	AUTOPSY ORMED?
	Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part # or Port II o	of Item IS.)			
20c. TIME OF INJU Hour o. m. p. m.	While	Not while k of work	PLACE OF INJURY (Home, for actory, street, office bldg., et	m. 20f. (City or	lown)	(Co	ounty)	(State)
21. I certify to alive on	that I attended the decease 7-27-, 12	58, and that deat	, 1956 , to			nd on the	e date stat	
PHYSICIAN'S NAME (Type)		Hess, MD		thsburg				
PEMOYAL Specific	Aug. 2. 19	22c. NAME OF CEMETERY OF SMITHS B		22d. LOCATION Smith	City, town, o	or county)	(Sto	te)
23. FUNERAL DIRECTOR Minnich	rs signature Funeral Home	ADDRESS	24a. REC	D BY REGISTRAR	245. REGIS	TRAR'S SIGI	NATURE	

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State Type Bi		· metral value	
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	work Logation		
The same and the same and the			
	And been		

death.

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		M. Sandade Imic			
					New Marie
	Locusting to Bu		0. 10.716.61.200	006024	MALEST TO PERSON

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lown, or county)

240. REC'D BY REGISTRAR

DATE

lagerstewn Marvland

246 REGISTRAR'S SIGNATURE Ill feduca

(Stote)

completely and Pou physician remove cor attending Ti. á permit. been signed physicion Spy pour Buip atten 80 use detached FUNERAL DIRECTOR: 3 should be the registror agad 10

PHYSICIAN:

Page

death. erai

after

hours

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executed

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VS A15 (4) 15M 9755

NAME (Type)

220. BURIAL CREMATION.

MOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

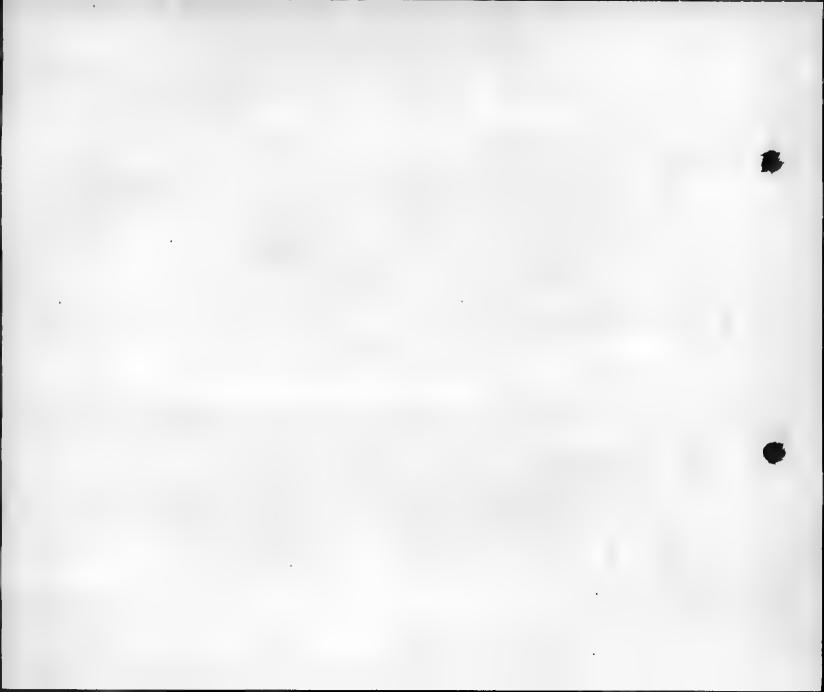
PLACE OF BEATH 数4 日间。 中國支部 有用品牌等等 医 \$555 Jit .. It Water of they stan Til

	044	6 CERTIFIC	ATE OF DEATI		Reg. Dis	t. No.
1 PLACE OF DEATH o COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (W		institution - Residenc OUNTY	e before odmission) Washington
RURAL and give n	(If autside corporate limits, write nearest lawn) retown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits. Hagerstown		ive nearest town)
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	(oddress)	d. STREET ADDRESS Huyetta Cr	oss Road		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jospan Jospan	Middle	Lost Chaney	4. DATE OF DEATH	Menth July 2.	Doy · Year 1958 19 58
5. SEX Male	6. COLOR OR RACE 7. MAI	RRIED 1 NEVER MARRIED	8. DATE OF BIRTH April 2,169	9. AGE (III last bir	thday) Manths	YEAR IF UNDER 24 HR
10a. USUAL OCCUPATI during most of wor Labo:	ON (Give kind of work done 10brking life, even if retired)	KIND OF BUSINESS OR INDU		ing Wesh.		ZEN OF WHAT COUNT
13. FATHER'S NAME Oha:	rles Chaney		14. MOTHER'S MAIDEN I	NAME B McQuire		
15 WAS DECEASED EVI (Yes, no pr unknown) No	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		INFORMANT 11wood Chaney	- 67 Madiec	Address on Ave-Hag	gerstown, Md
	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).] Acute Coronar	y Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Canditians, if a gave rise to i cause (o), stating lying cause last.	immediate DUE TO	Vascular Hype Diabetes M	rtension			9 yrs 6 yrs
PAIR II OT	HER SIGNIFICANT CONDITIONS					I(a) 19 WAS AUTOPS' PERFORMED? YES NO X
	G CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI None	ED. (Enter nature of injury in	Part 1 or Part It of item	18)	
20c. TIME OF INJUI Hour o. m.	NOME 19 20d. While at wa	Not while fo	ACE OF INJURY (Hame, farm actory, street, affice bldg., etc DONE	n. 20f. (City or tawn)	(Co	ounty) (State
alive an	hat I attended the decea June 14 , 19	58, and that death	, 1953 , ta J 1 accurred at 3:20	uly 2 P.M. from the ca ADDRESS (Street, city o	uses and an th	ost saw the deceas e date stated aba DATE SIGN
ACTUAL SIGNATURE	S. Robert Well	B. M.D.		Potomac Str own, Maryle		7-5-5
220. BURIAL, CREMATIC REMOVAL Specify BUTIAL	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City Bakersy		n.,Co (Stote)Md
23. FUNERAL DIRECTOR Andrew	rs signature K. Coffman	Hagerstown,	Md 240. REC		REGISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, of 2 should be filed with may be retained by the haspital or attend no physician.

TO FUNERAL DIRECTOR: After this cert for as been signed by the attending physician and campletely filly page 3 shauld be detached for use as the relative permit. Then please remove carbon papers. Pages the registrar prior to buriol, cremation, ar remaval, and in any event within 72 haurs after death. no physician. VS A15 (4) 15M 10/57

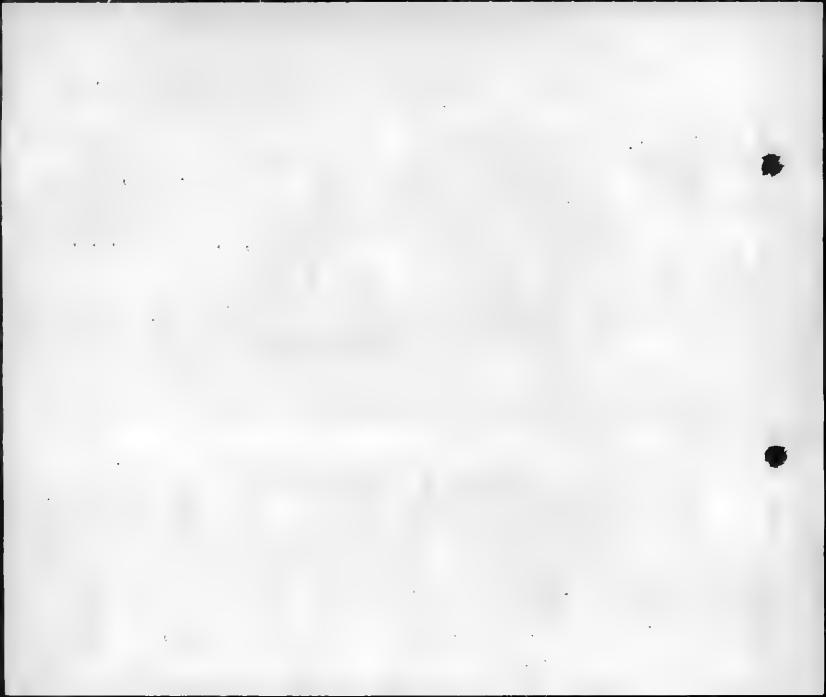
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TO DEPUTY MEDICAL FEMANMER: This certificate shauld be executed within 24 flours after death. If any delay is necessary, please exe	cute the certificate, writing the ward 's ading' in pencil in Item 18. Give Pages 1, 2, and 3 to the fun - Tirector. Page 4 shauld b	forwarded to the Chief Medical Exart . Office along with farm PM3. Page 5 may be retained for y les.	TO FUNERAL DIRECTOR: Pode 3 should be used as a burial-transit permit. File poper 1 and 2 with the recipient puried presenting
P	£	0	Z
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VS. A15ME(S) SM 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		8427 A	AEDIC	AL E	XAMIN	ER'S	CERT	FICAT	E OF	DEA	TH	Reg. Di	st. No	084	27
1.	PLACE OF DEATH			<u> </u>			2. USUAL RE	9.0	_						
		ashington			A MARY		o. STATE	Hary.	Land	0.	COUNTY	Wash	ing	ton	
ı	. CITY OR TOWN I	(ti autside corporate limits,	write EMRAL	c. LEI	NGTH OF STAY	- 11		R TOWN (IF		porote lim	its, write !	RURAL and	give n	arest to	vn)
	Harerst		-		8 wee	ks	X She	rpsb	urg		,			1	
		TAL OR INSTITUTION				s)	d. STREET	ADDRESS			4			o. SELPE	SIDENCE A FARME
W	estern I	laryland	Hosi	pital										YES 🗌	
3.	NAME OF DECEASED		First		Middle		lo	it .	4. DATE		Month		Day	Y	par
	(Type or print)	Fre	eddie	9	Filmor	e (Church	ley	OF DEATH		Jul	y 4,		11	, 58
5 :	iEX	6. COLOR OR RA	CE 7. MA	RŘIED 🔲	NEVER MARRIEC	2 2 1 8. 1	DATE OF BIRTI	н .		9. AGE (IF UNDER	TYEAR	IF UND	R 24 HRS
	lale	White		WED 🔲	DIVORCED [Oct. 2				yes.	Months	Doys	Hours	Mín,
100	. USUAL OCCUPAT	ION (Give kind of wo	rk done 10	b. KIND OI	F BUSINESS OR	INDUSTRY	11. BIRTHPI	LACE (State of	or foreign (country)		12. CITI	ZEN O	WHAT	COUNTRY?
	Tr	uck Driver		Milk	Route		Shar	rpsbu	rg,M	d.		I	J.S.	A.	
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN N	AME			.,			
	Joseph	Churchey	-			-	Mar	y May	r Jan	nison	1				
	WAS DECEASED E	VER IN U. S. ARMED	FORCES?	16. SOCIAL	SECURITY NO.	17. INF	ORMANT	J ~ C.	y (A)		Address				
{Yes	ne, or unknown)) If yes, give wer or date	s of service)	217-3	2-6578	M ₁	rs. Mar	v Mav	Chur	chev	-mot	her-	Shai	rnahı	iro.Mo
_	18 CAUSE OF DE	ATH (Enter only one	COUSE DOF		/-		,	7	- 11012						100
		ATH WAS CAUSED BY	f _E		rain Mal	0010	due +	o op mi	on me	mová.	de no	i soni	ONSE	AND DEA	days
	. 11	IMMEDIATE CAUSE		10	I CTIL MCT	acta	uue o	O Call	JOIL MC	MONT	ao po	7 2 9 11 1	100		
	1110	DUE	IQ				i								
	Conditions, if gove rise to imme		{b}					v							
	(a), stating the	St. Police:	(c)												
Z	PART H. OT	HER SIGNIFICANT C	ONDITION	S CONTRIBL	JTING TO DEATH	H BUT NO	T RELATED TO	THE TERMIN	NALDISEAS	E CONDIT	ION GIVE	N IN PART	1(0) 15	. WAS A	UTOPSY
CERTIFICATION													Y	PERFO	RMED?
H	20g. EXTERNAL CA	USE WAS	20b DESC	RIBE HOW	INJURY OCCUR	RED. (Ent	er noture of in	njury in Port	I or Port II	of item 11	B)				
CER	CAUSE OF DEATH	NTRIBUTING	Fel	l asl	eep whil	le ce	r was	runniz	ng alo	ong s	ide o	of rea	ad		
3	20c. TIME OF INJU	JRY Month, Day,				De. PLACE	OF INJURY (Home, form,	20f (City	y or town)		(Cou	πty)		(Stole)
MEDICAL	Hour a.m.	May 13	1958 0	Vhile I work 🔲	Not while of work		y, street, offici lighway			ral	Shar	sbur	g W	ash	Md
	21. I certify t	hat I took char	ge of th	ie remaii	ns described	d abav	e, held an	Autapsy	X , !	nspectio	on 🕱 ,	Inquir	y 🔲.	and f	ind that
	death resulted	d fram: Natur	al cause	s 🔲, A	ccident 🕱,	Suici	de 🔲, 🕒	lamicide	□, ∪	ndetern	nined co	ouse 🔲			
	ACTUAL SIGNATURE	8. Rote	es7	w.	ella	2	M.D. CHIEF A	MEDICAL EX	AMINER [1				DATE S	CNED
	EXAMINER'S NAME (Type)	S. Ro	bert	Wells	, M.D.			MEDICAL E				July	515	58	
220	BURIAL, CREMATI	ON, 22b. DATE THE	REOF	22c. N/	AME OF CEMETE				22d LOCA	TION (City	y, Jown, o	r county)		(Slate)
	Burita I	" July 7	,195	8 Mt	. View	Cen	netery	-	Shar	rpsb	urg,			Md	
23.	FUNERAL DISECTO	P'S SIGNATURE		200	llom	060	tal	240 RECID	BY REGIST	058 2	"OFFIS	THAR'S SIG	NATUR	E	



		MARYL	AND	STATE DEPAR	MT	ENT OF HEALTH	-BAL	IMORE, 1	8		
		8	428	CERTIF	ICA	TE OF DEATH	1		Reg. Dist.	No. ()	128
٦.	PLACE OF DEATH o. COUNTY	Washington		MARYLI	UND	2. USUAL RESIDENCE (WHO o. STATE Mary)		lived. If institute b. COUNTY			ission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limit negrest town) Hagerstown	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o		ote limits, write R	URAL and give	e nearest to	wn)
		ington Count				d. STREET ADDRESS		l Ave.			ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fin		Middle MAY		Lost CLINE	4. DATE OF DEATH	July		Doy 18	Yeor 19 58
S.	sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		Oct.2,188	6	9 AGE (In years lost birthday) 71 yts	Months Do	YEAR IF UN	DER 24 HRS
10	a USUAL OCCUPAT	ION (Give kind of work or brking life, even if retired)	lone 10b.			TRY 11. BIRTHPLACE (Stole Washingt		uniry)		S.A.	AT COUNTR
13	FATHER'S NAME	mory J.McKee		234-20		14. MOTHER'S MAIDEN N	AME	arling			
		/ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		Geo.J.Cline		itchell		gerst	ovm.Md
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(1)	ne tor (0). (b). and (c).	witi	i. (ardu)	cocul	ar thu	d C - 9 C	INTERVAL ONSET AN	
	Conditions, if gave rise to	immediate (t	Probate	(ascinom	R	13r1	201	* (-
7	cotse (o), statin lying couse lost	g the under- DUE TO					- G				
CATION				11 one		NOT RELATED TO THE TERMI			/EN IN PART 1	(o) 19. WA PER: YES [FORMED?
L CERTIF	OR CONTRIBUTION (IF EITHER, NOTIS	VAS UNDERLYING ID IG ID CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED). (Enter nature of injury in f	art I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10	While of wor	Not while		CE OF INJURY (Home, form lory, street, office bldg., etc.		or lawn)	(Cou	nty)	{State
	21. I certify	that I attended the	deceas _, 123		<u>leath</u>	occurred at 6		the causes o			
	ACTUAL SIGNATURE	28/7.	ea	elly	^^	A.D	ADDRESS (SI	E & VIF	stote) W	<u>, J.1</u>	DATE SIGN
-	PHYSICIAN'S NAME (Type)	1/5/	· - / >	era C'h	1	ec J.H.BI	EACHLE				
22	REMOVAL SPECT	7/21/58	1		ill	Cemetery		on (City, fown, orstown	or county)	,	Md.
1	. FUNERAL DIRECTO est Haven	r's signature Funeral Che	pel	ADDRESS 1601 Inc. Hage:	Per	nna. Ave. 240. REC'I	2 2 '58	RAR 246. REG	etrar's sign	TURE	
	1, 17.		- ~	11/20							



~ADDRESS

24a. REC'D BY REGISTRAR

DATE JUL

IS RESIDENCE

ON A FARM?

YES NO I

Year

19

Min

Hours

MD.R.

INTERVAL BETWEEN L day

Yrs.

PERFORMED?

YES NO

(Stole)

DATE SIGNED

(Stote)

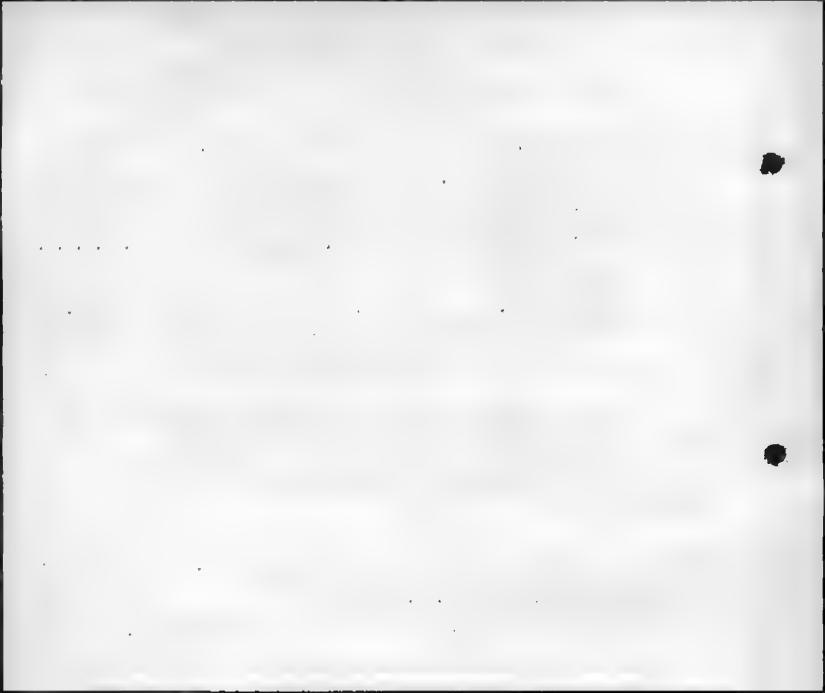
24b REGISTRAR'S SIGNATURE

Day

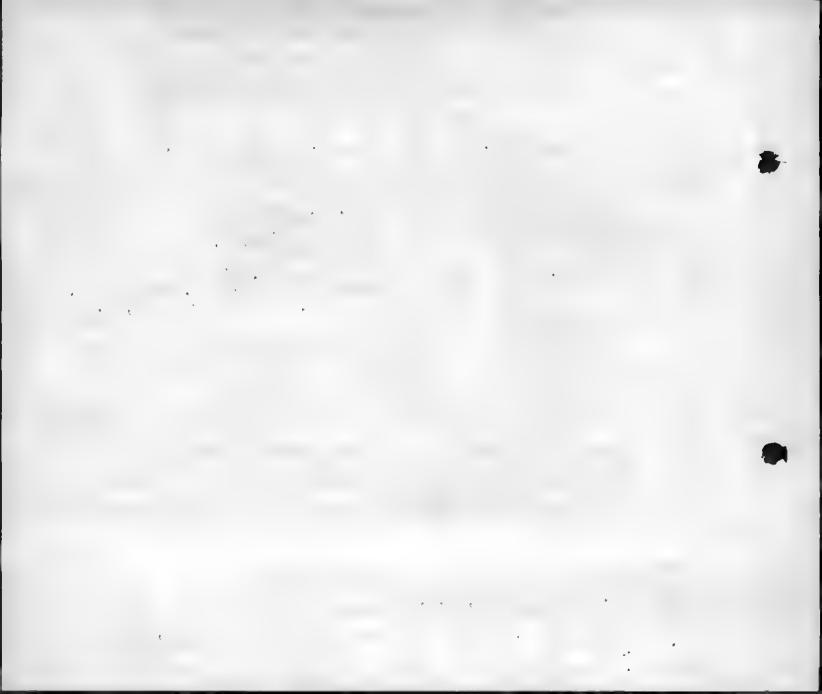
Days

page 0 VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 B 8		8474 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
shauld shauld] =	PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Sashington
Se se	-	b. CITY OR TOWN (If outside corporate limits, write RURAL ord give negrest fown)
Por Pur		Sharpsburg Lifetime Sharpsburg
star.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) a. IS RESIDENCE ON A FARM?
Paris Services	<u>'</u>	116 West Chaplin St. 116 West Chaplin St. YES NO PA
1	3.	NAME OF First Middle Last 4. DATE Month Day, Year
fund fund regi	-	(Type or print) Carl Thomas Cook DEATH 7 1958
表表	1.	Magnis Days Hours Min.
3 to vith	10	TOTAL TROUTO IMPORED DIACKED D
de nd de		during most of working life, even if relired) Barbering Barberin
4 20 5	加	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
S m C		George C. Cook Raggie E. King
Page age Po	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 116 Waddres haplin St.
in the second se		No 212 14 6130 Maggie E. Cook Sharpsburg, Md.
PM30 mit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
per muse		PART I. DEATH WAS CAUSED BY, immediate cause (o) _ Ortered occarded by ocarded
th fe		Conditions it any which as frear to fine at a
al ir		[2]
hauld alang		(a), stoling the underlying couse lost. (b) With a cute wyoracke of factoria.
as of the s	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
d O in o	7 1	YES NO TO
P P P	CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
War War Shau	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
diod diod	A.E.	Hour o. m. North 19 While Not while of work of work of work dectary, street, office bidg., etc.)
KAN ting Me Pag		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [2], Inquiry [], and find that
Shief Shief		death resulted fram: Natural causes 🗵. Accident 🔲, Suicide 🔲, Homicide 🔲. Undetermined cause 🔲.
ificate, ificate, or the CONRECT		ACTUAL SIGNET WELLS M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
the cert arded to WERAL I mayal.		EXAMINER'S NAME (Type) S. Robert Wells M.D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
# 5 2 E	22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store)
5 . 5 .	I	Burial July 11, 1948 Tolson Cemetery Sharpsburg Faryland
VS. A15ME(5)	23	EUNERAL DIRECTOR'S SIGNATURE ADORESS 4 7/10 24g. REC'D BY REGISTRAR'S SIGNATURE
5M 9/55		ellert & staf Williamsper 11 parei 11 1 0 '58 1 11 0 . C. 11



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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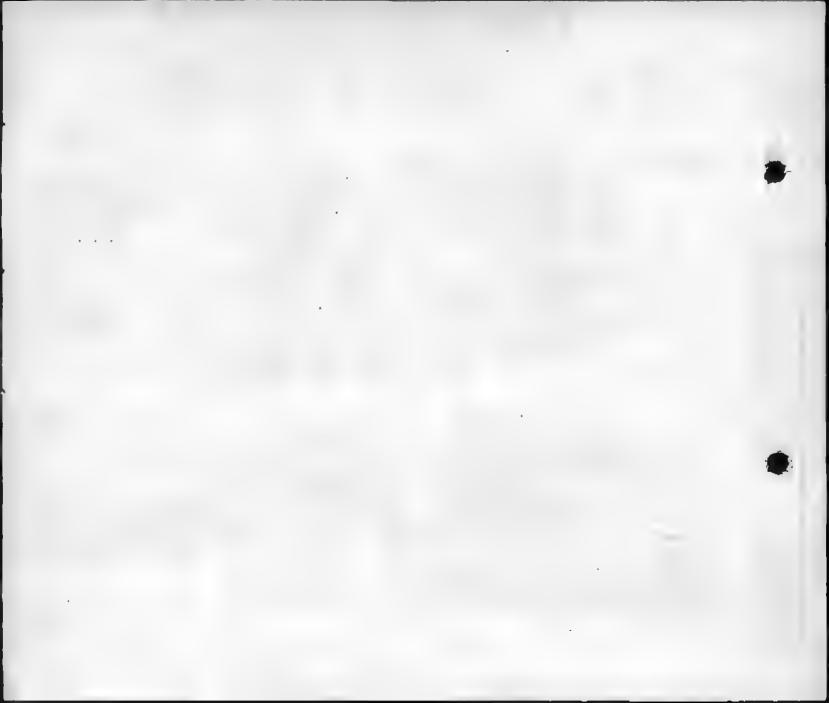
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ARYLAND	STATE D	EPARTMENT	OF	HEALTH-BALTIMORE,	18
3 8430	-	PATIFICATE	00	HEALTH—BALTIMORE,	

		.) 0	TOU	,	CERTI	FIC	ATE OF E	DEATH	1			Reg. Dist	. No.	30232
1, [VACE OF DEATH COUNTY Washing	zton			MARY	rland	7. USUAL RESI		ere deceo	t.	If institution. COUNTY		before ad	mission)
	. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENC	OTH OF STAY	IN 1b	-		ulside cor			URAL ond giv	ve hearest f	own)
	RURAL ond give ned Hagers			T	ife		03	На	gers	town				
	OR INSTITUTION		ive street	oddress)		-	'd STREET A						e 15	RESIDENCE N A FARM?
		th Prospec	t Str	eet			137 Sot	ith Pr	ospe	ct Si	treet			NO []
3.	NAME OF	Fir			Middle	,	Los	ıt	4. DATE		Mon	th	Day	Yeor
	DECEASED (Type or print)	Jul	ia	K	atheri	ne	Cushwa	i.	OF DEA1	Н	Jul	Ly	19	19 58
S. S	EX	6. COLOR OR RACE	7. MARI	NED 🔲 t	NEVER MARRI	ED [3]	B DATE OF BIRT	н		9. AG	E (In years b rthday)			NDER 24 HRS
I	emale	White	WIDOWI	ED 🔲	DIVORCE	0	Sept. 2	29, 18	197	1031	60 yrs.	Month's S	TO HOL	ars Min,
100	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF	BUSINESS C	OR INDU				country)		12. CI11Z	EN OF WI	AT COUNTRY?
	None	ng ma, seen n terreo	'				Ha	gersto	wn,	lary.	land		U.S.A.	•
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN N	IAME					
	Victor	Monroe Cu	shwa					Susa	n Fe	chti	g Cush	nwa		
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL:	SECURITY NO), 17, 1	INFORMANT				Addi	re13		
,	NO			NC	NE		Thomas B.	. Cush	wa,	Hage:	rstown	i, Lar	yland	
		TH [Enter only one co	use per li	ne for (o)), {b}, and {c}.	-3	n .	n		_			INTERVAL	SETWEEN ND DEATH
		'H WAS CAUSED BY IMMEDIATE CAUSE (o	mo	tas	tatic	al	domine	26 C	ممد	-NO-V	wa.		8 m	- tes
	175.0	DUE TO					0 4							
	Conditions, if an		, Co	~	nomo	_ (the	E. 0	7~	4			5 ~	sear
	gove rise to in couse (o), stating t						1		-	1			0	
	lying couse lost.) («)			-	<u> </u>		(/				
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIB	UTING TO DE	ATH 8U1	NOT RELATED TO	THE TERMI	NAL DISE	ASE CON	DITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b DES	CRIBE HO	OW INJURY C	CCURRE	ED. (Enter noture o	of injury in F	Port I or P	ort II of i	lem 18 }			
CAL	20c. TIME OF INJURY	Month, Day, Ye			CCURRED	20e. Pl	ACE OF INJURY	Hame, farm	, 20f (C	ity or tow	rn)	{Co	unity)	(State)
MED	Hour o.m.	19	While of wor		t while work	10	octory, street, office	a biog., eic.	4					
	21. I certify the	at I attended the	deceas	ed fror	n Feb		. 19.5%	S to	July.	19	19.5%	that Lic	ist saw t	he deceased
	alive on Ou	ly 19	. 19	58		deati	accurred at		BM. F	om the				aled obave.
		01	14	1	1						ty or town,			DATE SIGNED
	ACTUAL SIGNATURE	ohn C.	AR	suf,	Len		M.D.							
				10										
	PHYSICIAN'S NAME (Type)	ohn C. S	tauf	fer	M.D.		145 S	o. Pr	10 S O	ect.	St.	Hager	stow	n. MD
220	BURIAL, CREMATION	4. 22b. DATE THEREC)F	22c. N	AME OF CEM	ETERY C	OR CREMATORY		22d LOC	ATION (City, town, o	or county)	(Stote)
	burial	7-22-1	958	Ro	se Hi	11 C	emetery		Hage	rsto	wn, r	arylan	d	
23.	FUNERAL DIRECTOR'S	SIGNATURE HA	and .	AD	DRESS		Chara	24a. REC'I	D SY REG	ISTRAR	24b REGIS	STRAR'S SIGN	NATURE	
	12.181	SIGNATURE	305 1	vort	n Potor	nac	Street	DATE	111 2 3	158	(20	Leau	uch	

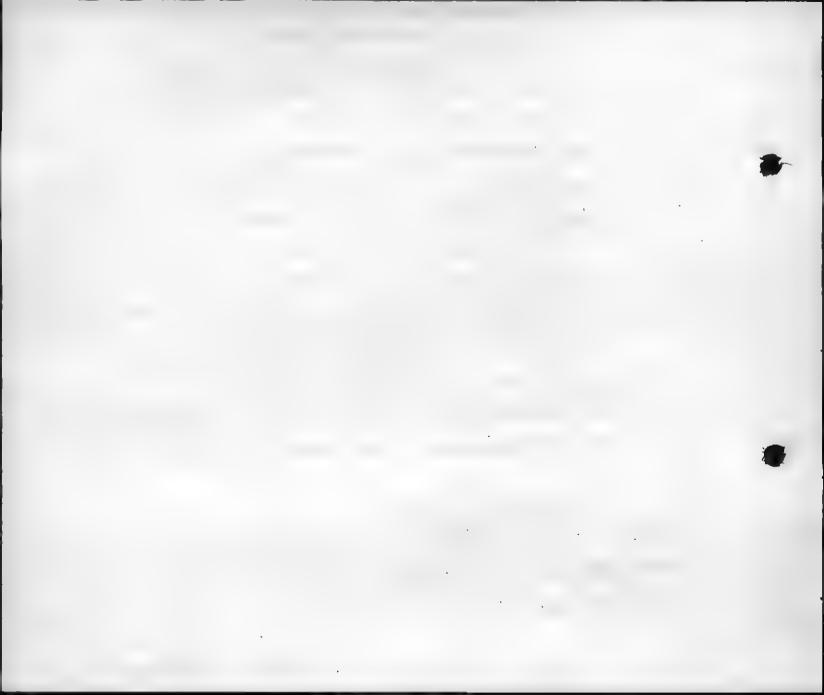
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VS A15 (4)



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut on. Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND WASHINGTON MARULAND. WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Y c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) ACERSTOWN WEIEKS ITHS BORG. d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? HOSPITAL YES NO ASH. NAME OF Middle 4 DATE Month Year Day DECEASED OF (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthdoy) Months WIDOWED DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (OF **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 AUTOPSY PERFORMED? YES NO ... 200 ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram. 195 That I last saw the deceased Tand that death accurred at STRAIM, from the causes and on the date stated above ODRESS (Street, city or town, state) ACTUAL SIGNATURE may be retoi PHYSICIAN'S NAME (Type) 226 DATE THEREOF BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION ty town, or county (Stote) REMOVAL (Specify) SULV-10-1958 0 FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 24a. REC'D BY REGISTRACE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8432 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY O STATE P 6 COUNTY MARYI AND Washington mashington Marvland h. CITY OR TOWN Of outside cornerate limits, write C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Tah I Hagerstown מידום d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OF INSTITUTION ON A FARM? Washington Wounty Hospital YES TO NO Hererstown NAME OF First Middle test 4. DATE Month 1958 DECEASED OF DEATH DIETRICH (Type or print) RANDY T.RR 19 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH FUNDER LYEAR IF UNDER 24 HRS AGE (In years lost birthday) Months Days Hours 1 day m white DIVORCED [7] 58 Male WIDOWED [7] complet papers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRYS ofter depth. ARIT Hagerstown puo None Mone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLOE MILLER TESSE DIRIGH hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12. INFORMANT Address Hagerstown R.D.#5 tending polease ref Tesse Dietrich none No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hvaline Membrane Disease IMMEDIATE CAUSE (o) T. WILLIAM DUE TO ۾ Conditions, if ony, which gave rise to immediale DUE TO ě codse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY PERFORMED? YES 🕞 NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, Day, 20d. INJURY OCCURRED 20f (City or town) (State) (County) factory, street, office bldg., etc. While Not while al work at work ____, 19____, ta 7/3/58 21. I certify that I attended the deceased from 7/2/58. __, and that death occurred at_6.45PM, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE В FUNERAL I PHYSICIAN'S NAME (Type) Charles 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) Waynesboro. Pa Green Hill Cemetery Rumal O **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 246. REGIS RAR'S SIGNATURE 24a, REC'D BY REGISTRAR VII A15 (4) 1SM 9/SS avneshoro. Pa XVII

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U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO IN

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DATE SIGNED

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(Stote)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

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ON A FARM? YES NO Z

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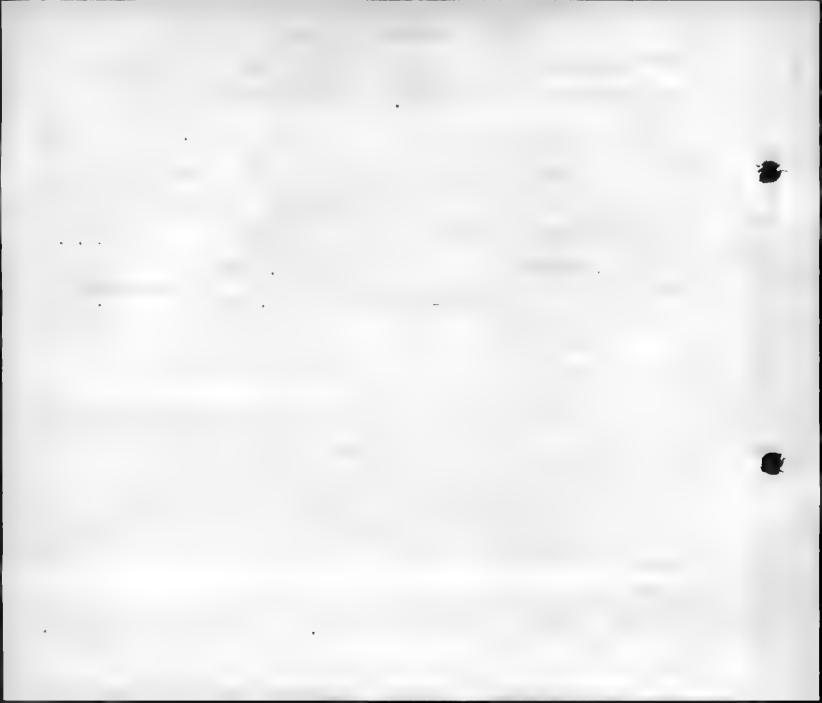
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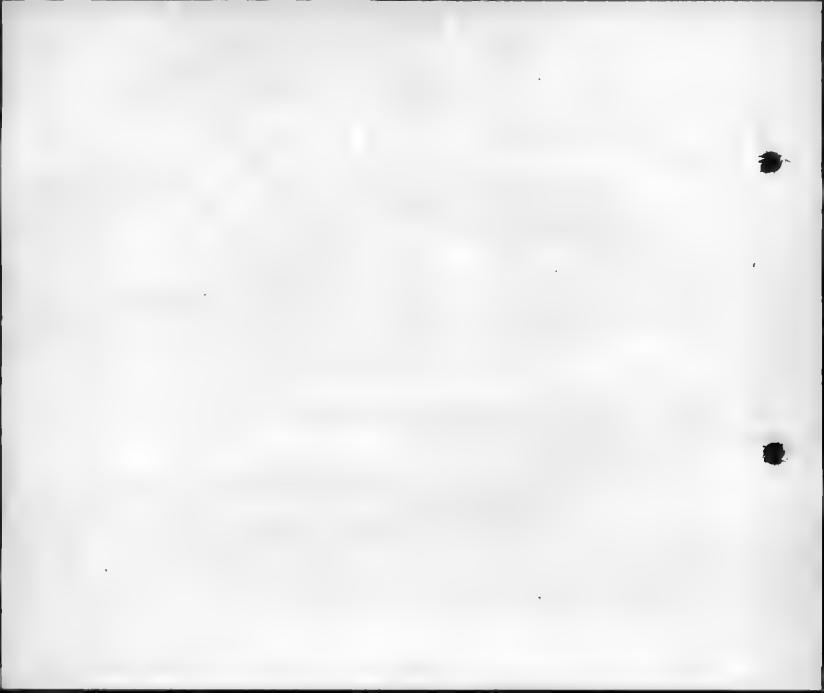
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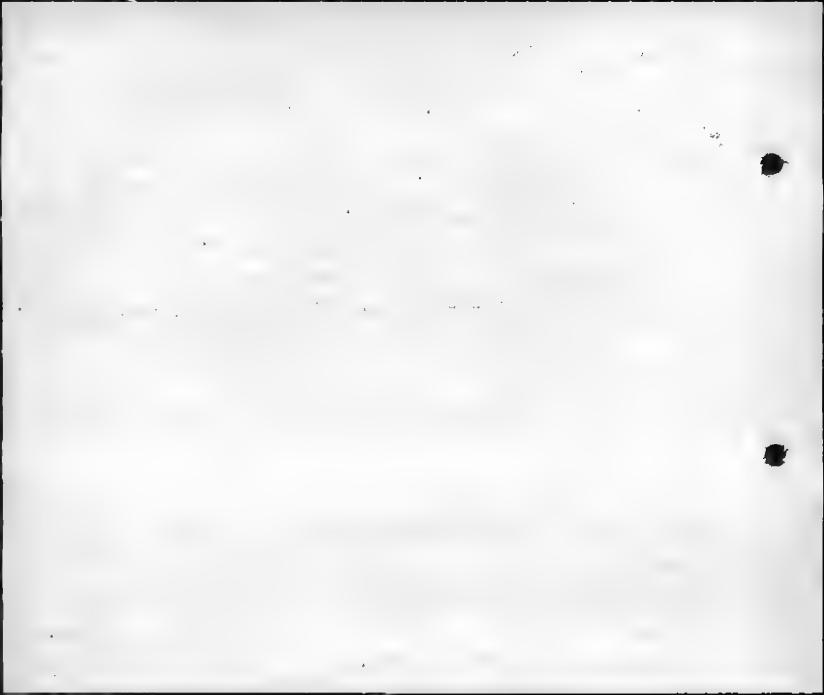
23 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





INTERVAL BETWEEN ONSEL AND DEATH

> WAS AUTOPSY PERFORMED? YES TI NO TO

[County]

M. from the causes and on the date stated above.

REGISTRAR'S SIGNATURE

Withat I last saw the deceased

aruso,

(State)

DATE SIGNED

(State)

INFORMANT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

and that death occurred

22c. NAME OF CEMETERY OR CREMATORY

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

ADDRESS (Street, city or

24å, REC'D BY REGISTRAR

JUL 3 1 '58

22d, (OCATION (City, town, or county)

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certificate be requires that the death HOSPITAL OR ATTENDING PHYSICIAN: The low

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PLACE OF DEATH

o. COUNTY

NAME OF

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DECEASED (Type or print)

DOUA

nove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that l'attended the deceased fram.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Canditions, if any, which gave rise to immediate

cause (a), stating the underlying cause lost.

20c. TIME OF INJURY Month,

p. m.

Hour a. fi.

alive on

ACTUALSIGNATURE PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

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20d. INJURY OCCURRED

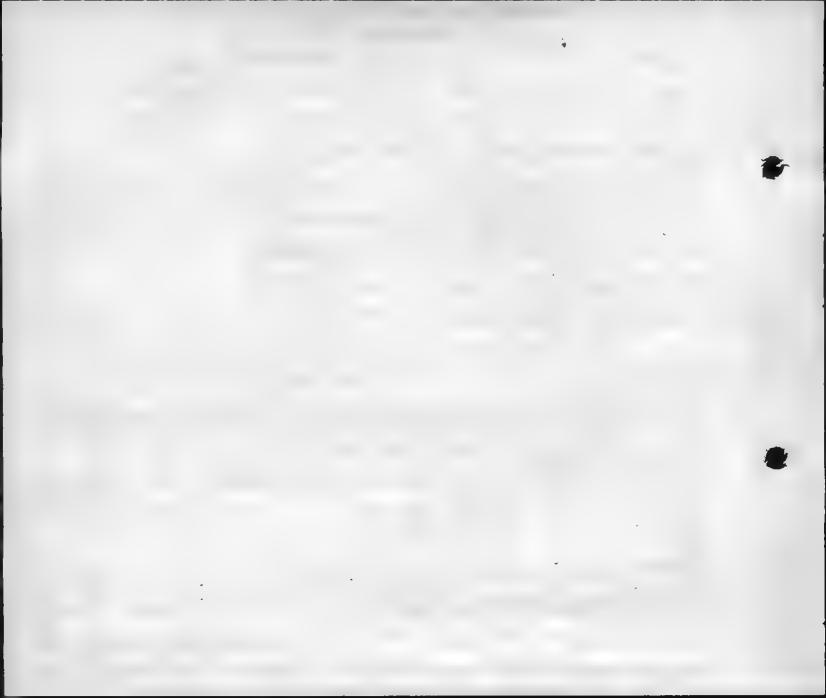
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ADDRESS

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13. FATHER'S NAME



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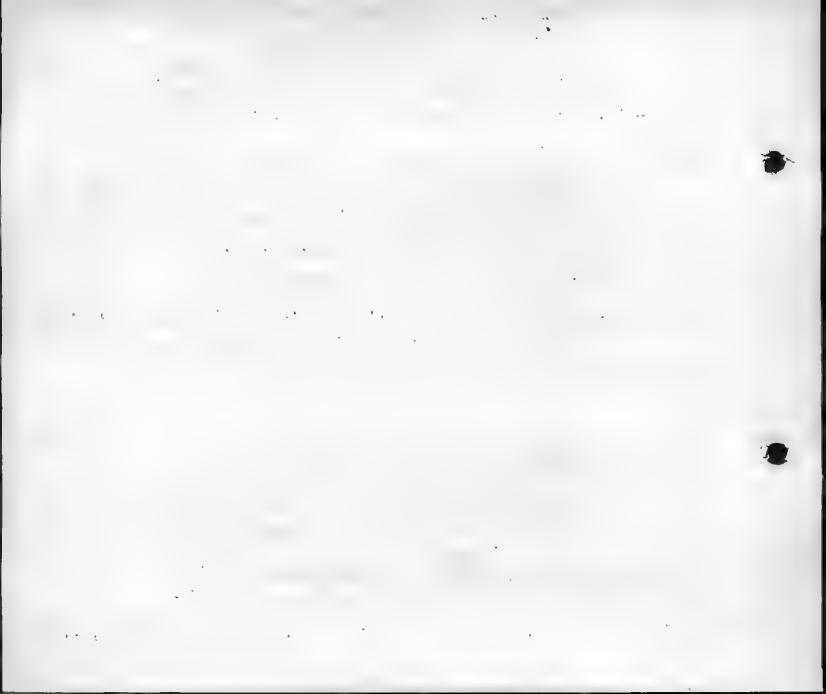
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1, PLACE OF DEAT	1					2. USUAL RESID	DENCE (Wh	ere decease	d lived. If institut		e before o	dmission)
	ashington			MARYLA	IND		aryla	nd	b. COUNT		ingto	n
b CITY OR TOW	N (If outside corporate lim e nearest lown)	its, write	c LENGTH	OF STAY IN	l lb	c. CITY OR T	TOWN (IF o	utside corpo	rote limits, write	RURAL and gi	ve nearest	10wn}
Hagerst			2 ye	ars	- 1	03 H	agers	town				
d. NAME OF HO	SPITAL (If not in hospital,	give street				d. STREET A					0. 15	RESIDENCE
OR INSTITUTE	roadway					1 778	Broa	duav				ON A FARM?
3. NAME OF	Fi	raf		Middle		los		4. DATE	Mo	oth	Day	Yeor
DECEASED (Type or print)	LILLIAN		KALE			DUBLER		OF DEATH			8	19 58
5. SEX	6. COLOR OR RACE	7. MARS	IED NEVE	R MARRIED		8. DATE OF BIRTH	H		9. AGE (In years	Months		UNDER 24 HRS.
Female	White	WIDOW	ED 🔼 🕕	DIVORCED		March 17	,1870		last birthday)	3""	21' "	ours Min.
100. USUAL OCCUP	ATION (Give kind of work	done 10b.	KIND OF BUS	SINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12. CITI.	EN OF W	HAT COUNTRY?
Housewif	working life, even if retired B	I.F				Maha	noy C	ity. 1	Penn.	U.S	.A.	
13. FATHER'S NAME						14. MOTHER'S						
J	ohn Kaley						Mati	lda K	eller			
IS. WAS DECEASED	EVER IN U. S ARMED FOR		SOCIAL SECU	RITY NO.	17 18	NFORMANT			Add	ires		
(Yes. no, or unknown)	(If yes, give wor or dates of	iecaice)	none		Mr	s. Howar	d H.	Busey	Hager	stown.	Md.	
18. CAUSE OF	DEATH [Enter only one co	ouse per li	ne for (a), (b),	and (c).]	d	^		***************************************		-		AL BETWEEN
PART 1.	DEATH WAS CAUSED BY.		Confi	Man		P	low				ONSET	AND DEATH
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Z lying couse !	OTHER SIGNIFICANT CON	£	CALTRIBUTION	C TO DEAT	LI BIT	NOT DELATED TO	THE TERM	NAL DISEAS	E CONDITION CI	VENI IN BART	161 IB V	V29OTILA 24V
PART III.	OTHER SIGNIFICANT COP	IDITIONS T	ONIXIBUTIN	G TO DEAT	n sui	NOI XELATED TO	I THE LEXAL	NAL DISEAS	E CONDITION GI	YEN IN PAKE	PI	ERFORMED?
2 ACCIDENT	WAS UNDERLYING	20h DEC	COIRE MOVE II	NUMP OC	CLIODES), (Enter nature o	4 Inlant In 6	Part Lau Bar	all of item 181		YE	S NO
S OR CONTRIBUT	ING CAUSE OF DEATH	200. DES	CKIDE HOW II	NJURT OCK	UKREL	o, şemer natura o	i injury in r	ort I or rai	I II OI HEIN ID]			
20c. TIME OF IN			NJURY OCCU			ACE OF INJURY (I			or town)	{C	ounty)	(Stole)
Hour o.	m, m, 19	While of war	k 🔲 ot work		11,010	iory, sircent orrice	r brog , erc.	1				
21. I certify	that I attended the	deceas	ed from	ad.as	27 1	, 19	, ta	- 141 E	19.	sthat I le	ast saw	the deceased
alive on	- m	19							n the causes			
	\sim	4.0		1.0					Ireel, city or town			DATE SIGNED
ACTUAL SIGNATURE	- Dour	al h	Week	JUU.		u	1	*, *				
SIGNATURE_		-				W D						
PHYSICIAN'S NAME (Type)	Howard N.	Week	s, M.	D.		H:	**	, ,				
220. BURIAL, CREMA	TION, 226. DATE THERE	OF.				R CREMATORY		22d LOCA	TION (C ty town,	or county)		(Stote)
Burial	7/11/19	58			111	e Cemete	1		Liamspot			nn.
23 FUNERAL DIRECT	ors signature	Home	ADDRES	SS			240. REC'I	D BY REGIST	TRAR 246 REG	ISTRAR'S SIG	NATURE	
Ritrand			Hager	stown	, M	d.	DATE J	IUL 1	30 0	melli	ul N	
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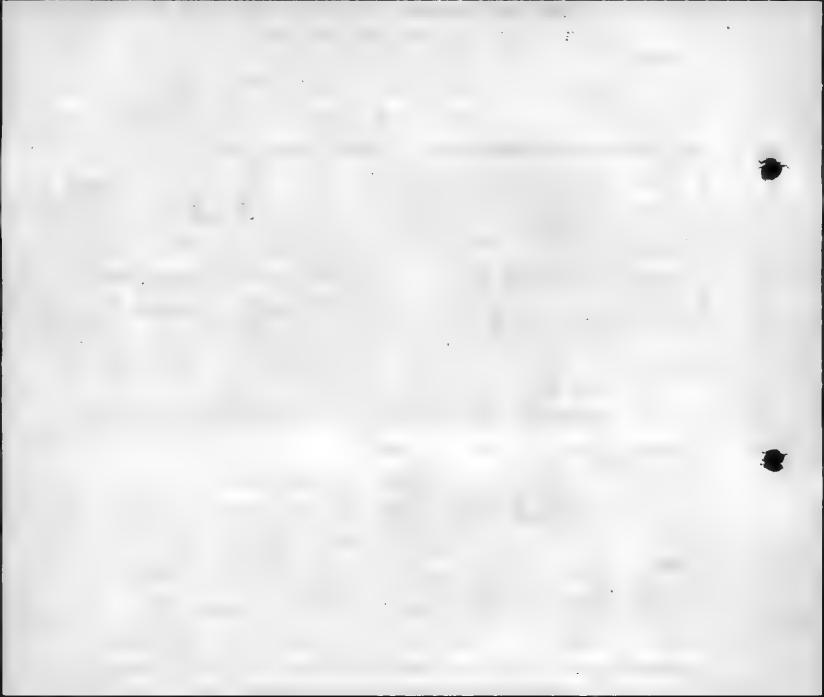
IAR	YLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
1	8477	CERTIFICATE	OF	DEATH	

08440

<u> /=</u>						Reg. Dist. No.	
1	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Who	ere deceased tive	I Institution	Residence before	e admission)
	Washington	MARYLAND	Maryland		b COUNTY	ington	
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (IF as	utside carporate l			rest town)
	RURAL-Pinesburg	8 Years	X RURAT.	Pinesh	ים פינונו		
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			•	IS RES DENCE
	Williamsport RFD #2		/Williamspo	ort RFD	#2		YES NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Yeor
	(Type or print) AMANDA	REIFF	EBY	DEATH	July	7	1958
		The Cartest Marketine .	. DATE OF BIRTH	9. AC	GE (In years If	FUNDER TYEAR	
	Female White woows		Jan. 11,187		1 yrs	Menths 28	Hours Min
10	Da. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Slote of	or foreign country)	12. CITIZEN OF	WHAT COUNTR
L	Housekeeper	At Home	Wash. Co	. Md.		USA	
113	. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME			
1	Elam H. Eby		Elizabeth	Reiff			
15	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	FORMANT		Address	3.	
	No	None Mr	John R. E	by Wi	lliams	port .	Ma RFD
	18 CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c)]	1 1 04 5	\//	15	INTER	PVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Girlino /	Lalenter	Heart	Du	ZEN ONSE	541
	420.0 DUE TO	/ /					
	Conditions, if ony, which) (b)						
	gove rise to immediate DUE TO						
,	lying couse lost. (c)						
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO E
		CRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Pa	art I or Part II of	item 18.)		
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. IN		CE OF INJURY (Home, form,	20f. (City or to	wn)	(County)	(State)
ME G	Hour o.m. While of work		ory, street, office bldg., etc.)				
	21. I certify that I attended the decease	ed from < 5 -/-	(15 f. 10 7	7-7-	5162	that I lest see	w the decease
	alive an 77575 A 19		accurred at 3 30 /4				
	5210	1		DORESS (Street,			DATE SIGNE
	SIGNATURE SU SU	cla)	D X/	untin	Su	1	7/- 0
	PHYSICIAN'S NAME (Type) TREWALL	17/102	Hor	estori.	my		18 Son
22	BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY :	228 LOCATION	City town, or r	county)	(Stote)
1	Burlal July 9,1958	Reiff Menne			augans		MD.
23	OF THE STOR'S SIGNATURE 1712	-/YOPESS 1		BY REGISTRAR	7	AR'S SIGNATHRE	
16	were & Leat Wil	Classocial	PATE JUL	. 1 0 '58	1000	aduele	



1		-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 25	/		1 8478 CERTIFICATE OF DEATH Reg. Dist. No.
Poge director	(M	1. PLACE OF DEATH O. COUNTY O. STATE PARY DE DE COUNTY O. STATE PARY DE DE COUNTY DE COUNTY O. STATE PARY DE DE COUNTY DE COUN
death.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Lilians Port.
s ofter y the fa		\$.	d. NAME OF HOSPITAL (If not in hospital, give street add as) OR INSTITUTION e. IS RESIDENCE ON A FARM?
24 haur			3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF
within tely fi	,		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your life under 1 YEAR IF UNDER 24 HRS
xecuted v d complet popers.	(10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
be exe	-		13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
fificote ohysicic move of hours of			TEORGE HAR WARD 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 19 In or unipoph) 1 If yes, give wer or doller of service)
nding I base re hin 72			118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
the other plant in the plant will			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
ed by trail. I			Conditions, if any, which are to immediate DUE TO
cion. cion. en sign onsit pe			lying couse lost. (c)
The lover of physical		1	FERFORMED? YES NO
thending in or re			20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of ilem 18.)
PHYS! fol or of this cer of the or			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Heur a. ft. p. m. 19 White of work o
inding the hospile the hospile the hospile the hospile contail, contail, co			21. I certify that attended the deceased fram. 8/1, 1955, to 30 MM, 1956, that I last saw the deceased alive an 30 Mm, 1956, and that death occurred at 9 3 M from the causes and an the date stated above
ined by the DIRECTOR		,	ACTUAL SIGNATURE ROLLINGAR M.D. 28W. Partoriae 8 Out 3 July 5
TAL reto AL hour			PHYSICIAN'S FOUL HAAK, M.D. Milliams (2)87, Mig
O HOSPI moy be O FUNER page 3 s			220. BLRIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. WOCATION (City, town, or county) (Stole) AUG. 2,458 RIVEXVIEW CEMETERY (LIPMSFORT) (STOLE)
VS A15 [4] 15M 9/55			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245/REC'D BY REGISTRAR 245/REC'D B



VS A15 (4) 15M 9/55 I

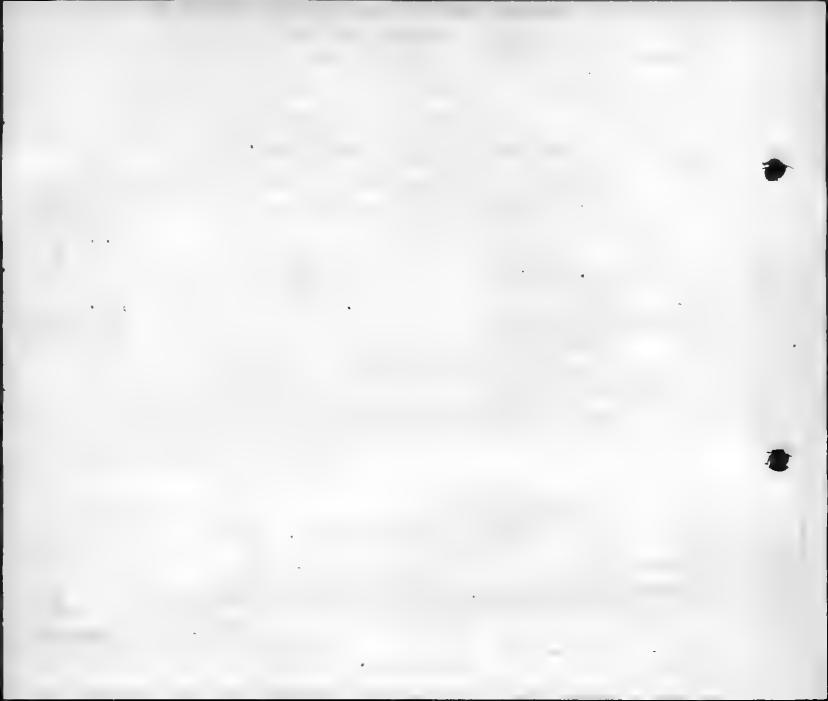
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MARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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8436	CERTIFICATE	OF DEATH

(15442 Reg. Dist. No. 302

											, O L
1, PLACE OF DEATH o. COUNTY	ashington		MARYL	AND	o. STATE	DENCE (Wh		lived. If institution b. COUNTY		before od	
b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY II	N 1b				rote limits, write R			
Hagerstow	nearest town)		10 days		0.5	Hager	starm				
d. NAME OF HOSP	TAL (If not in haspital, c	ive street	Annual Contract of the Contrac		, d. STREET A		2 OOMII			e. IS	RESIDENCE
OR INSTITUTION	on County F	loeni:	Ted		133 Su	mmit.	Azza				N A FARM?
	Fig.		Middle		Los		4. DATE	Mon	4	Day	Yeor
3. NAME OF DECEASED (Type or print)	ADDIE	31	LOMAY	F	LOOK		OF DEATH	July		30	1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	0 0 8	DATE OF BIRTI	Н		9. AGE (In years			NDER 24 HRS
Female	White	WIDOWI	ED 🔂 DIVORCED		Decembe:	r 21,	1878	lost birthdoy)	7 9	lays Ho	ors Min
Toa. USUAL OCCUPATI	ION (Give kind of work rlung life, even if retired	done 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote	ar foreign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
Housewi		'			Boon	sboro	, Mary	land		U.S.A	
13 FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Charl	es E. Neiki	rk				Amano	da Tom	ıs			
15 WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT			Add	·035		
ná	(if yes, give war or dates of s		none	M	iss. Pa	uline	Flook	Hager	stown,	Md.	
	ATH [Enter only one co	use per hi	ne for (a), (b), and (c)]								ND DEATH
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Cerebral thr	ombo	sis					10 d	
フリルト	DUE TO)				_					
Conditions, if	any, which)	d	Cerebral a	rter.	iosclero	sis				2 ye	ars
gave rise to couse (o), stating	immediate (,									
lying cause last]									
PART II. OT	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. W	AS AUTOPSY REORMED?
Ne:	senteric thr	ombos	sis								□ NO 🗗
PART II. OI Me: 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINERS		CRIBE HOW INJURY OC	CURRED	(Enter noture a	f injury in l	Part I or Part	I II of item 18)			
	RY Month, Doy, Ye	or 20d. II	NJURY OCCURRED	20a PLA	CE OF INJURY (Home, form	, 20f. (City	ar town)	łCe	unfy)	(State)
20c. TIME OF INJU Haur o. m. p. m.	10	While	Not while		ory, street, office				,		
21. I certify t	hat I attended the	deceas	ed from 2-28	-57	19	, ta	7-30-5	8, 19	that la	ist saw t	he deceased
alive on	7-30-58		, and that			3 Pe	_M, fron	n the causes o	nd on the		tated above.
ACTUAL	France Ho	*	1				· ·	reet, city or town.	state}	_	DATE SIGNED
SIGNATURE	1 aux 1/0	NV	Son	M	D. 318	N. P	otomac	St.			31–58
PHYSICIAN'S NAME (Type)	Paul Harrisc	n, M.	. D.		На	gerst	own, M	d.			
220. BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c. NAME OF CEME				22d LOCAT	IION (City, town, o	or county)	(State)
REMOVAL (Specify Burial	8/2/199	8	Boonsboro	Cem	etery		Boons	sboro.		Mar	yland
23 FUNERAL DIRECTO	r's signature Zer, Funeral	Home	ADDRESS				D BY REGIST	RAR 24b. EGI	TRAP'S SIGN		
6. Traville	1 Janes	TIONS	Hagerstow	n, l	/d.	DATE	AUG 5	'58 00	united	MCK	



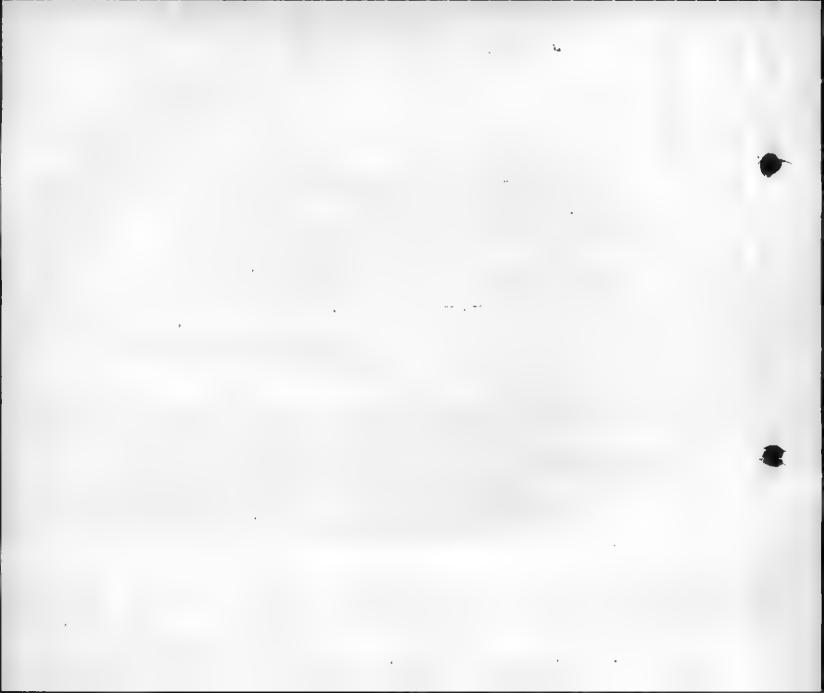
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08443 **CERTIFICATE OF DEATH** 8437 Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
6. STATE MARYLAND b. COUNTY WASHINGTON a. COUNTY WASHINGTON WASHINGTON MARYLAND b CITY OR TOWN (If outside carparale limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give neares) town) RUPA A STEER STOWN TIPE ${f HAGFRSTOWN}$ d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE WASHINDTON COUNTY HOSPITAL ON A FARMS 215 N. CANNON AVE. YES NO D NAME OF 4. DATE First Middle Month Year DECEASED CHARLES PRESTON FOUKE JULY DEATH (Type or print) 19 58 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years MALE lost birthdox) Months 6/21/1902 Davi Hours DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RAIL ROAD MARYLAND U.S.A. move carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN WILLIAM FOUKE LAURA NEGLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. HAGERSTOWN NÖ 717-07-9294 MRS. MAE B. FOUKE 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY: 171 05 IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate ě **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO I YES [] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ë Š 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, 20f (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work 21. I certify that I attended the deceased from Dep 20, 195 Kthat I last saw the deceased , and that death occurred at 3 alive on_ 12.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) noy by PUNER 220 BURIAL, CREMATION, 22b. DATE THEREO! 22d. LOCATION (City town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) HAGERSTOWN .CEM 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS III5 (4) DATERIN



PHYSICIAN:

HOSPITAL

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1	1		MARY	LAND	STATE DEPAR	MTS	ENT OF HEALTH	I-BAL	IMORE, 1	8		
v & # (M)				843	CERTIF	IC.	TE OF DEATH	1		Reg. Dist	US4	45
Il director, filed with	1.	PLACE OF DEATH o. COUNTY Was	shington	~ ~ ~	MARYLA	AND	2. USUAL RESIDENCE (WI		b. COUNTY		ngton	ission)
deoth mera d be		RURAL and give ne	autside corporate limi orest tawn) cerstown	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF o		ate limits, write R	URAL ond gi	ve negrest to	wn)
s offer y the fu 2 shoul		d. NAME OF HOSPIT	AL (If not in hospital, c				d STREET ADDRESS 410 Gu		Avo.		ON	RESIDENCE A FARM?
24 haur		NAME OF DECEASED (Type or print)	Fie	at .	Middle William		tost Funk	4. DATE OF DEATH	Mon Jul		Doy 5	Year
within etely file . Poge	-	sex Male			EIED NEVER MARRIED		B. DATE OF SIRTH March 15.18		9 AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	
executed nd comple on papers death.	100	usual Occupation		done 10b.		<u> </u>	TRY 11. 8IRTHPLACE (Stote	or foreign co	untry)			AT COUNTRY?
on o on o	13.	FATHER'S NAME	D Famile		Agricurture		Spring V	IAME	va.	0.	S.A.	
ng physici e remove 72 hours			IN U. S. ARMED FOR	newsca1	SOCIAL SECURITY NO. 17-28-7198		Ann E.Va FORMANT C.Funk 813		Added to Hager:		Md.	
that the death cert by the offending pl the please rem r event within 72 h			TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Ce	ne for (o). (b), and (c).	lin	- whisis				INTERVAL ONSET AN	ID DEATH
requires th an. n signed by sit permit. and in ony		Conditions, if or gave rise to in casse (o), stoling to lying cause last.	nmediate (terio se	60.	1000				Gre	20-
The low a physici phase beer crial-tron maval, o	FICATION						NOT RELATED TO THE TERMI			EN IN PART	PER	S AUTOPSY FORMED?
thending in a re-	CERTI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)). (Enter nature of injury in t					
PHYSI tal or o this cer or use o rematio	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	/ Manth, Day, Yes	While	Nat while k at wark	Se. PLA fac	CE OF INJURY (Hame, farm lary, street, office bldg., etc.	, 20f. (City	or town)	(Co	unly)	(State)
Ending he hospi R: After oched fo buriol, c		21. I certify the alive on	at I attended the	deceas	and a second	eath	accurred at 1:59		the causes a			
RECTO		ACTUAL SIGNATURE	ig E Zu	266.	(6)		NO. 1364,6	ADDRESS (Sir	eal, city or lawn,	state)		DATE SIGNED
SPITAL OF retaine Se retaine 3 should gistrar pri		PHYSICIAN'S NAME (Type)	corge	16	nnings		14040	25/4	(m. n.) 11	d	7	15/52
may be r O FUNER. poge 3 sl fhe regist	L	BURIAL, CREMATION REMOVAL (Specify) BUR 18.1	July 7,1			de t	Cemetery	Hag	on (City, tawn, a erstown	r county)	(St Md.	ate)
VS A15 (4) 15M 9/55		st Haven F		pel	Inc. Hagerst	L Pe	nna. Ave 240. REC'I	L 8 '5	AR 245 REGIS	TRAR'S SIGN	LATURE	
		way	, Q. H	not	- Ullus							



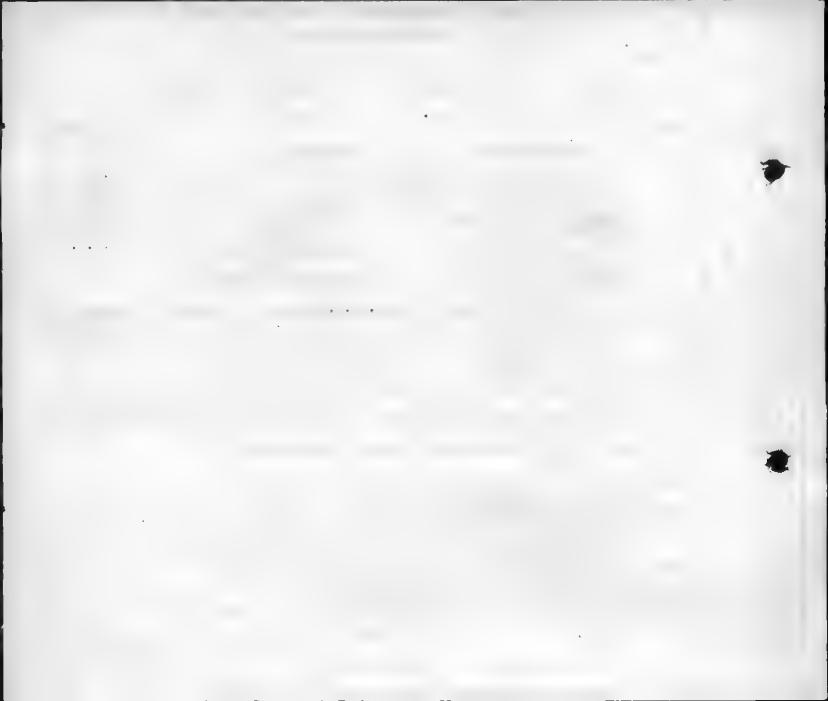
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	, 0	I 6 J	<u> </u>						Reg. Di	ist. No	*	
1. PLACE OF DEATH g COUNTY					2. USUAL RESID	ENCE (Whe	re deceased	lived if institut		nce befo	re odmin	sion)
	ington		MARYL	AND	Marvl	and		b. COUNTY	ashin	oton		
b. CITY OR TOWN (If RURAL and give nec	outside coroorote limi	ts, write	c. LENGTH OF STAY IF	di b			itside corpo	rote limits, write l				n}
Boons	4		1 mo.		На о	ersto	J71					
d. NAME OF HOSPITA		ive street			d. STREET A		*11				e. IS RES	PENCE
OR INSTITUTION Reeder	Nursing Ho	me			753	Manse	Road					NO F
3. NAME OF	Fig		Middle		tosi		4. DATE	Mo	n.th.	Do		Yeor
(Type or print)	CLARA		ELIZAB	द्रकार	GARVE		OF DEATH					19 58
5 SEX		1	HED NEVER MARRIED		8 DATE OF BIRTH			9. AGE (In years	The state of the s			ER 24 HRS.
Female	White	WIDOW	_			880		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATION			Lab-	<u> </u>			e foreign co	78 yrs	112 CI	TIZEN C	DE MUMAI	COUNTRY
during most of worki	ng life, even if retired	100.	KIND OF BUSINESS OK	114003				, in , , ,	12. 6			COUNTRI
Housewif	e					ryland				U_	S.A.	
					14. MOTHER'S							
	ice Fiery			T		athry		nda Gave				
	IN U.S. ARMED FOR fyes, give wor or deles of i		SOCIAL SECURITY NO.		NFORMANT		153	Manse ^A	Coad			
No			None	Mr	B.F.C	onrad		Hagersto	wn Ma	ryl	and	
1 1		use per /	ne for (a), (b), and (c).	1	1 1	-		//	1	INT	ERVAL BE	ETWEEN
PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (c	IN	rouse cent	27	1-10 3060	2016	A 1	rear	1		15-6	110
60X	DUE TO	5	1 1								2	
Conditions, if an	y, which) (b	A	reliete	×T							5-4	10
gave rise to im couse (a), stating to	mediate [,									7	
lying couse last.) («	>										
PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	IAL DISEASI	E CONDITION GI	VEN IN PAR	RT 1(a)	P. WAS	AUTOPSY
PAIR II. OTH												DRMED?
200. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature a	Finjury in P	orl I or Port	(Fof item 16.)				
U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
3 20c TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED 2		ACE OF INJURY (or lown)	(County)		(State)
20c TIME OF INJURY Hour o. m.	19	While at wor	Not while	foc	tory, street, office	bldg., etc.)						
1				11	10 (7)	. a	160 13	10.50				
1 3. 4	at I attended the	deceas	- P	4_6		///	541					decease
alive on Ch.C.	77	لجلا بدر	Mand that o	ieath	accurred at:			n the causes of taken, city or taken,		he da		ed above
ACTUAL &	F11111	1/5	-7 1		1	a 11-	IDDIKESS (SI	The city of Idwa	storej		7	177 C
SIGNATURE	120 12 11 10 10 10 10 10 10 10 10 10 10 10 10	1 20	6		M.D	1-06	non	6				17.743
PHYSICIAN'S NAME (Type)	G-Wil	eVo	i h						1/3	2		,
220. BURIAL, CREMATION	4, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d LOCAT	TION (City, tawn,	or county)		(Stol	le)
REMOVAL (Specify) Burial	7/17/19	58	Rose Hill	L Ce	emetery		На	gerstown		Mary	vl.ano	d
23. FUNERAL DIRECTOR'S	SIGNATURE	· i H	ADDRESS			240. REC'D	BY REGIST		ST AR'S SI			
# A	2 1 2 3 6		Hagerston	m N	aryland	DATE	HL 23	30	1-20	uch		

n by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or atterding physician.

YO FUNERAL DIRECTOR: After this certifies has been signed by the attending physician and completely filt page 3 should be detached for use as the Duriol-transit permit. Then please remove carbon papers. Page 1 should be detached for use as the Duriol-transit permit. Then please remove carbon papers. Page 1 the registrar prior to buriol, cremation, or removal, and in any event within 72 hours often death. VS A15 (4) 15M 9/55

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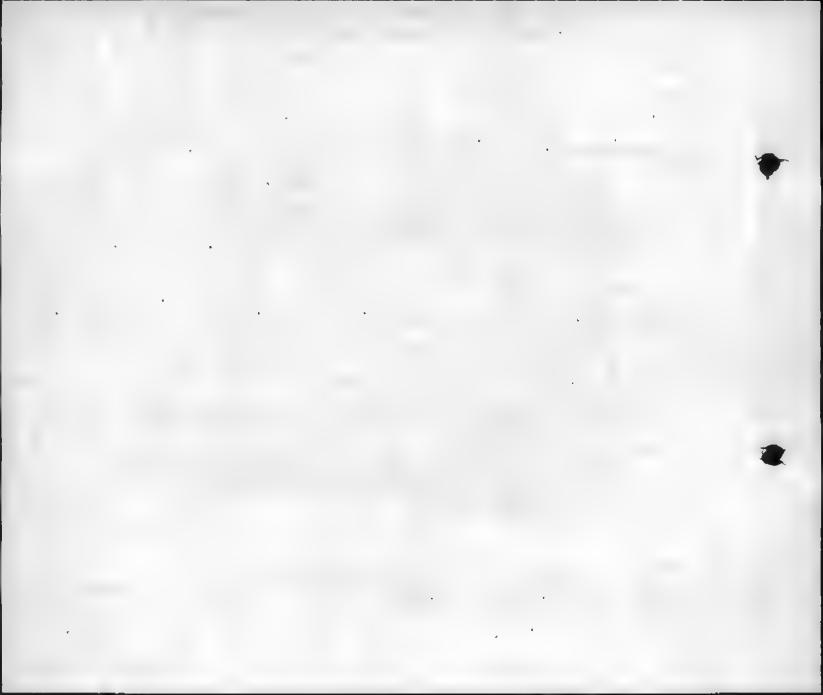
HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ector. Page 4 should be cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Marvland Washington b. CITY OR TOWN It outside corporate limits, write BURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Aetna (Rural (Bural Aetna deloy is neces d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS IS RESIDENCE ON A FARM? Md. RFD YES NO NO Hagerstown NAME OF DATE Middle Year DECEASED Villian (Type or print) Thomas DEATH Haines July 9 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. nd 3 to the retained for lost birthday) Hours Min White .ale WIDOWED [DIVORCED | yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Hage stown ind. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas Haines Leona Pearl No Dade 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Retna (Rura 1 HainesHagerstown Ö 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Suffocation by drowning IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which pencil alang v burial-t gave rise to immediate cause **DUE TO** (o), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CERTIFICATION WAS AUTOPSY PERFORMED? YES | NO K 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. in pond of water near his home word Exo 20c. ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Storm) factory, street, office bldg., etc.) While Not while Md Hagerstown Wash 19 58 Pond of water Rural at work at work i. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry to the Chief I DIRECTOR: 1 death resulted fram: Natural causes , Accident X. Suicide . Hamicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** S. Robert Wells, M.D NAME (Type) DEPUTY MEDICAL EXAMINER IX 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) for REMOVAL (Specify) 0 Smithburg I.d. Buria Smithburg Cemetery 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIST JUL 1 4 '58 \$M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



within 24 comple papers. pup ottending ease ä the permit. 200 signed 뮵 perped DIRECTOR: det þe prior FUNERAL DIR the registrar pode 10 VS A1S [4]

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filed

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should

alive an

SIGNATURE

PHYSICIAN'S NAME (Type)

ACTUAL

CATION

5. SEX

BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) uly.7.58 Burial 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

and that death accurred

22d LOCATION (City, town, or county) Hagerstown

24n, REC'D BY REGISTRAR

Maryland 24b. REGISTRAR'S SIGNATURE

M. fram the causes and an the date stated above

(County)

e IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

1-01/03

PERFORMED?

NO V

(State)

DATE SIGNED

(Stote)

YES 🗀

Day

3

Days

YES NO

Year

19 58

Fred W. Kraiss 139 N. Potomac St. Hag. Md.

ADDRESS

DATE

LDDRESS (Street, city or tawn, state)

15M 10/57



e4		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
15.	M	1 8481 CERTIFICATE OF DEATH (18451) Reg. Dist. No.
director with	168	1 PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived If institution: Residence before admission] 3 STATE
deoth uneral d be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town)
by the ford of the ford of 2 should	90	SAN MAR 4 YEARS X GAPLAND d NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION FAHRNEY KEEDY MEMORIAL HOME MAIN STREET e IS RESIDENCE ON A FARM? YES \(\sum \) NO F
24 ha		3 NAME OF DECEASED (Type or print) WILLIAM C. IFERT 4. DATE Month Day Year DEATH JULY 3 1958 19
within etely fi Poge		5. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
ond compliant popers		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTY TRACKMAN BALTIMORE AND OHIO R.R. CO.MIDDLETOWN FRED. CO.MD.U.S.A.
sicion o ve corb rrs offer		13. FATHER'S NAME WILLIAM IFERT KATIE
certific ng physi remay 72 haur		IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address NO (If yet, give wear or dates of service) 705 07 7702 NORMAN E.GORDON ROHRERSVILLE MD.
TAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physicion. AL DIRECTOR: After this certifice has been signed by the attenditional bedoched for use as the Eviral-transit permit. Then pleas transit to burial, cremation, or removal, and in any event within		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate couse (o), stoling the under lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT WAS AUTOPSY PERFORMED? PERFORMED? YES [] NO [] 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Or CONTRIBUTING COUNTY OR CONTRIBUTING OR CONTRIBUTING COUNTY OR CONTRIBUTING OR CONTRIBUTING
moy be r PUNER/ poge 3 st		220. BURIAL, CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City town, of county) (Stole) BURIAL JULY 6 1958 BROWNSVILLE CEMETERY BROWNSVILLE WASH. CO.MD.
P P P ================================	124	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Last Feveral Home Gernelow, The DATE 11 158 Charles Company of the C

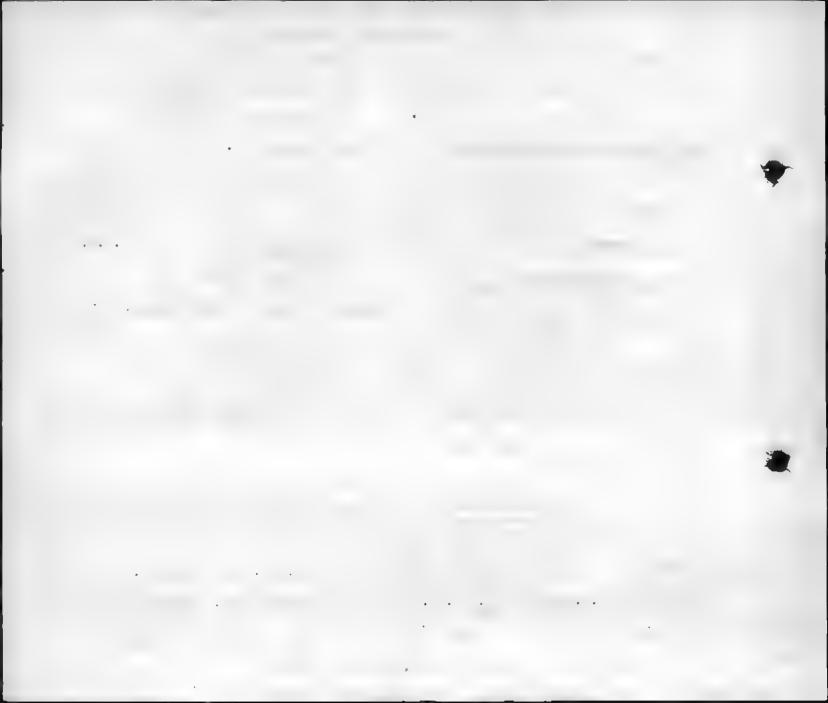


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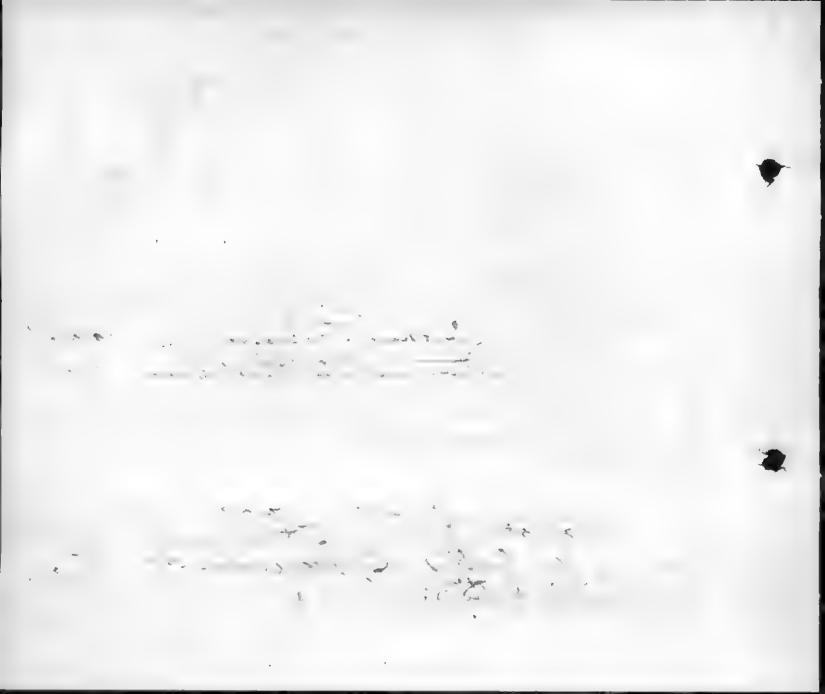
ARYLAND	STATE DEP	ARTMENT	OF HE	ALTH-BALTIMORE,	18
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<u> </u>			- HE 739	ÇLI	X 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		L OI DE				Reg. D	ist. No.	30	02
٦,	PLACE OF DEATH					2.		CE (Whe	re decesses	lived, If instituti	oni Reside	nce befor	e odmis	sion)
o. COUNTY MARYLAND MARYLAND					Maryland Washington									
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
RURAL ond give nearest town) Hagerstown 7 mos						1	O- Hagerstown							
-	d. NAME OF HOSPIT	AL (If not in hospital, g	rve street		79 .	1	d STREET ADDR		ZPII.			1	. 15 RE	SIDENCE
N	or institution	r Convales	cent.	Home			605 Vir	gini	a Ave					FARM?
3.	NAME OF	Fir			liddle		lost		4, DATE	Mor	Ifs	Doy		Yeor
DECEASED (Type or print) MARY		v	ELLEN			JONES		OF DEATH	Jul		23		1958	
5.	SEX	6. COLOR OR RACE	-	HED NEVER M		8. D	ATE OF BIRTH			9. AGE (In years last birthday)	4	RIYEAR		ER 24 HRS
	Female	White	WIDOWI					last birthday) 78 yrs	Months	Doys	Hours	Min.		
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINE	ESS OR INDU	JSTRY			r foreign co		12. C	TIZEN OI	WHAT	COUNTRY?
	Homema	ing life, even it retired	,	Home					ginia			U.S.	Δ.	
13	FATHER'S NAME	11701		1101110		ī	4. MOTHER'S MA			-		0 613 6	47.6	-
	.Tame	s R Earnsh	OT.				ជ	Lou	ise B					
	WAS DECEASED EVE	R IN U. S ARMED FOR	CE57 16.	SOCIAL SECURITY	Y NO. 17	INFO	RMANT	ДОЦ	LUC D	Add	ress			
IY•	No No	(If yes, give war or dates of s	ervice]	None		Car	orge D J	ones		Hagerst	ו מערם	[urre]	and	
=		TH [Enter only one co	use per li				0260 0	01100		11050100				TWEEN
		CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: A Place of Death Was CAUSED 8Y:							ONSET AND DEATH					
	IMMEDIATE CAUSE (6)									- June				
	OUE TO								11					
	Conditions, if ony, which (b) Correctlyid Arterisclessin U									->				
couse (o), stoting the under. DUE TO						Kny								
z	lying couse lost	**** (c	1 1										10100	AUTORCH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AU FOR SIGNIFICANT CONTRIBUTION CONTR						DRMED?								
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
Š	20c TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRE			OF INJURY (Hom		20f. (City	or town)	_	(County)		(State)
WED	Haur a. m. While Nat while factory, street, office bldg., etc.}													
21. I certify that I attended the deceased from Amily 1855 to July 23, 1956 that							that I	last sa	w the	deceased				
	alive on	1 / 2 / 1 / 2												
	(ADDRESS (Street, city or town, stote) DATE SIGNED												
	SIGNATURE_	SIGNATURE & Clark Mo. 145 W. Washington St. 7/25/JC												
	PHYSICIAN'S			1										,
	NAME (Type)	L.L. PACK		R., M. I	5					wn, Mary				
22	BURIAL, CREMATIO REMOVAL (Specify)	1		22c. NAME OF					22d. LOCAT	TION (City town,	or county)	à	(Sto	ie)
L.	Burial,	7/26/5			Hill C	em	etery		Hag	erstown,	Mary:	and		
23.	FUNERAL DIRECTOR	S SIGNATURE	u ely				24	a. REC'D	BY REGIST	RAR THE REGI	STEARCH	HATUR	Ē	
	15 73	K Katt 1		Hagerst	own Ma	ry.	Land	TIUL .	2 9 '58	DA- II				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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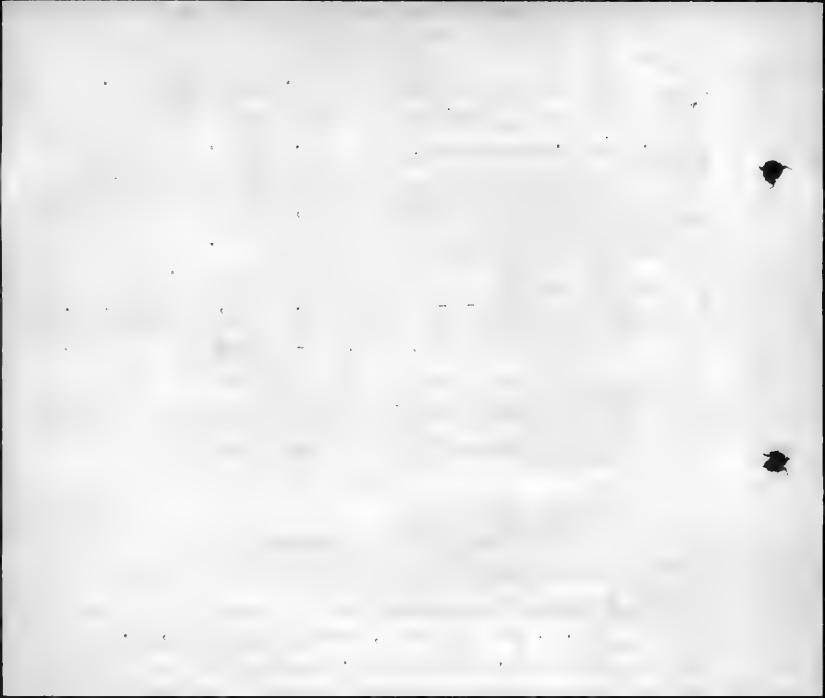
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08453

8483 CERTIFICATE OF DEATH

Rea. Dist. No.

							**
PLACE OF DEATH	shington	MARYLAND	2. USUAL RESIDEN	CE (Where decear	ed lived (f institut b. COUNTY		
RURAL and give no		c. LENGTH OF STAY IN TE			orgte limits, write l		
Smithsbu		life	X Smit	hsburg			
_OR INSTITUTION	AL (If not in hospital, give stree	t address)	d. STREET ADDI	. Main	St.		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle		4. DATE			,
DECEASED (Type or print)	Elmer Ch	narles	Kindle	OF DEAT		ly 31,	19 58
s. sex male	White WIDOW		March 25	. 1885	9. AGE (In years lost birthday)	Months Doys	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dane 10bking life, even if retired)	KIND OF BUSINESS OR INC				12. CITIZEN	OF WHAT COUNTRY
labor fo	king life, even if retired) Oremen 1	ailroad	Smith	sourg,	Md.		
13. FATHER'S NAME	David Kindle		14 MOTHER'S MA		ısann R.	Bowman	1
	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	. INFORMANT		Add	Iress	
no		05-10-4646	Martha S	. Kind	Le, Smit	hsburg,	Md.
	ATH [Enter anly one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	orong any	Packus	ion /	acuti)	06	TERVAL BETWEEN NSET AND DEATH 2 771.45
gave rise to i cause (a), stating lying cause last	mmediate the under-	eneral in	Cirl.	erin	cler	sis 1	Jus
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(0)	PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING							
20c. TIME OF INJUR Hour o. p. p. m.	While		PLACE OF INJURY (Hom factory, street, office blo	e, farm, 20f. (Ci g., etc.)	ty or lown)	(County	(State)
21. I certify th	at I attended the decea	sed framfish 2	5 , 195 81	Larly	3/ 195	that I last:	saw the deceases
actual	4 G/Y 0	5. Trand that dea	th occurred at 3			and an the d	
PHYSICIAN'S NAME (Type)	JA VA	h) PR			1	'/'	/
220. BURIAL, CREMATIO - REMOVAL (Specify) DUIT 181	Aug. 2. 58	Mr. NAME OF CEMETERY			ATION Kily, lown,		(State)
23. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGI			IDE
	Funeral Home,		. 3.6.0		ro lan	STRAR'S SIGNATI	nur.



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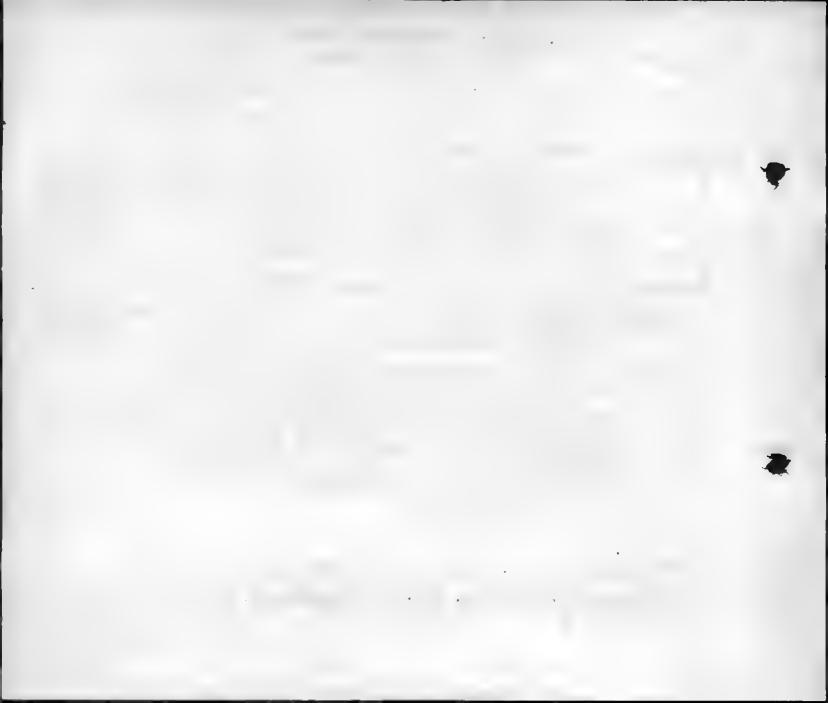
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4	4	3	CERTIFICATE	OF	DEATH
	_		3 10	I IAI I	PESIDENCE AVIDA

Reg. Dist. No.

		~220	W44. 241. 140.
/		1. PLACE OF DEATH O. COUNTY 1. D. S.	STATE b. COUNTY
	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give present fown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Hanous town 4 days	Coreencastle 7:X:5
		d. NAME OF HOSPITALITY not in hospital, give street address! OR INSTITUTION d. S A S A S A S A S A S A S A S A S A S	street address on a farm? Yes No
	3. 1 (3. NAME OF DECEASED (Type or print) Lunay Edith Ko	OF DEATH JULY 8 1958
	5. 5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF DATE 1. 1. 1. 1. WIDOWED DIVORCED WARRIED	P. AGE (In wors IF UNDER 1 YEAR IF UNDER 24 HRS fast brithday) Months Days Hours Min
	100.	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11).	1. BIRTHPLACE (Maig or foreign comity) 12. CITIZEN OF WHAT COUNTRY
		during most of working life, even if retired) Fairchiel Hurrin H	Fulton Co Terma USA
	13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
		15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 APPORMA	ANT Address Address
	,,,,,,	NO 203-10-436 Am	Kenneth Kerling Garattofoz
		18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (o) We tastatic carcin	noma of the chest 6 month
		breast 4 years	
		gove rise to immediate couse (o), stating the <u>under-</u> but TO lying couse last.	
	7		
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES [7] NO [7]
	CERTIFIC		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	FINJURY (Home, form, 20f. (City or town) (County) (State) reet, affice bldg , etc.)
			19.58, to July 8 , 19.58, that I last saw the decease
		alive an JULY 8 19 58, and that death accurr	arred at 7 A.M. fram the causes and an the date stated above ADDRESS (Street, city or town, state) BATE SIGNE
		SIGNATURE John C. Stanfor M.D.	145 South Prospect Street
		PHYSICIAN'S John C. Stauffer, M.D.	Hagerstown, Maryland
		220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF CREMATERY OF CRE	Ch. etery Clear Rige Fulten C. Toma
	23.	23. FUNERAL DIRECTORS SIGNATURE ADDRESS ADDRESS	DATE JUL 1 1 158
	4	T.L.	1

VS A1S (4) ISM 9/S5



24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

Home

Hagerstown

Md .

TO FUNERAL DIRECTOR: After this certification of the state of the second of the second

prior

23. FUNERAL DIRECTOR'S SIGNATURE

Minnich Funeral

director, filed with

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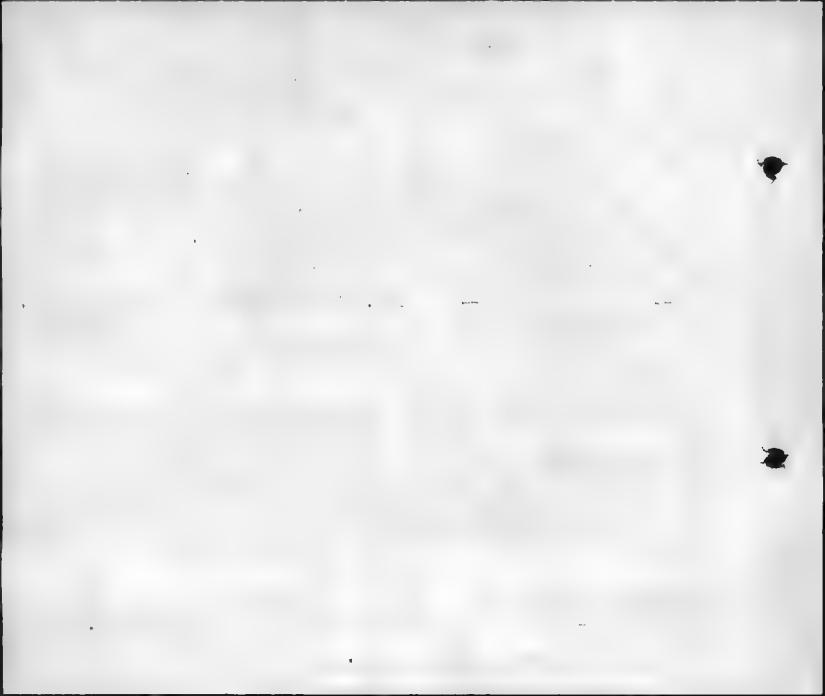
popers.

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deoth.

within



ADDRESS

Minnich Funeral Home, Hagerstown, Md. DATELLE 2

0.8456

a 1. RESIDENCE ON A FARM?

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO Z

DATE SIGNED

(State)

Dovs

(County)

246. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

ALSME

23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

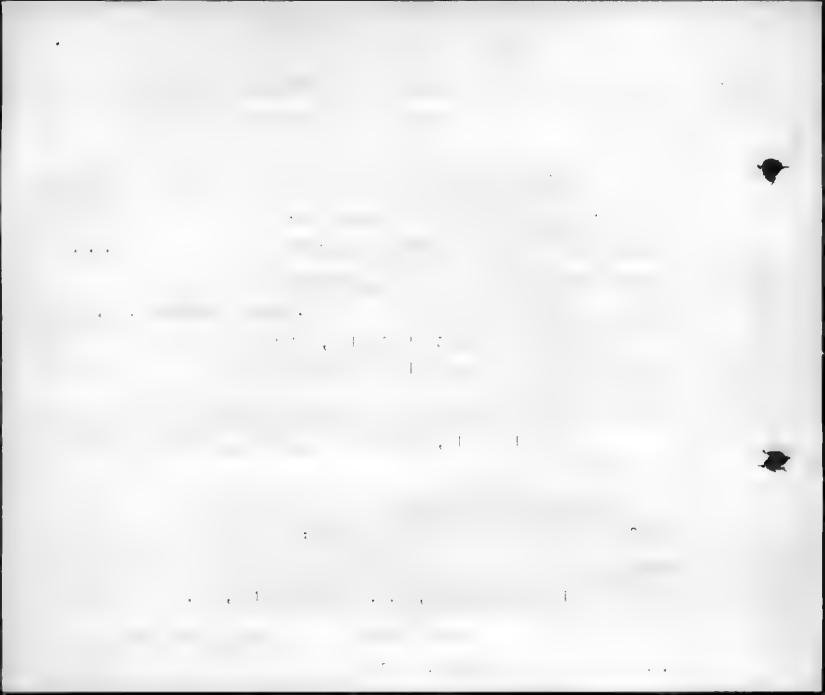
CERTIFICATE OF DEATH

8445

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Reg. Dist. No.

1. PLACE OF DEATH			MARYLAND	2 USUAL RESIDENCE (W	here deceased	lived. If institute b. COUNTY		before add	miss on)
Washin	gton		MARTLAND	Maryla	nd		shingto	on	
RURAL and give		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpor	rate limíls, write R	URAL and giv	re negrest l	awn)
Hagers			l week	Hagers	town				
OR INSTITUTION	ITAL (If not in hospitol, g	ive street	address)	d. STREET ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF	Fir	.4	44*110		Ta bass				
DECEASED (Type or print)	Walter		Middle Lee	Lambert	4. DATE OF DEATH	July	ith	200y	Year 19 58
S SEX	6. COLOR OR RACE	7 MARE	RIED W NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS
Male	White	WIDOWI	ED DIVORCED	October 22.	1888	lost birthday) 69 yrs.	Months D	Pays Hou	urs Min
00 USUAL OCCUPAT	ION (Give kind of work a	ione 10b.	KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (SION	e ar foreign co		12 CITIZ	EN OF WE	HAT COUNTI
Insurance	irking lite, even it retired)		fe Insurance						
3. FATHER'S NAME	MEIIO	111	Te Tilem Tile	Maryland 14. MOTHER'S MAIDEN				J.S.A.	•
Lewis	s Lambert			Leah Goll	35				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	у	Add	rets		
no no or unknown)	(If yes, give wor or dates of s	KAICO)	M	rs. Gola E. L	ambert	Hagers	town.	Id.	
1B. CAUSE OF DEATH [Enter only one coute per line for (o), (b), and (c).]								INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY: CARDIAC DILATATION, ACUTE								CHSEL	"HOUR
DUE TO									
Conditions, if any, which) HYPERTENSIVE HEART DISEASE								UNKNOWN	
gove rise to	immediate (DUE TO								
couse (o), stating	g the <u>vnder-</u>								
			CONTRIBUTING TO DEATH BU	T NOT BELLIED TO THE TERM	ALLIA CACCACC	CONTRICTION	(C. (AL D. D. D.)	v ilas vi	10 11170000
	INCK SIGNIFICANT CON	DI HORS E	CONTRIBUTING TO DEATH BO	I NOT KEDATED TO THE TERM	VINAT DIZEVZE	CONDITION GIV	EN IN PARE	PEI	REORMED?
5	BRONCE							YES	NO [
PART II O	/AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Part	Il of item 18.)			
20c, TIME OF INJU	IRY Month, Day, Yea	r 20d. II	NJURY OCCURRED 20e P	LACE OF INJURY Home, for	m, 20f. (City	or lown)	(Co	unty)	(State)
20c, TIME OF INJU	10	While of wor	k ot work	actory, street, office bldg., et	(c)				
21. L cartify t	hat I attended the	decens	ed from 11/06/48	3 19 to 0	7/26/	58 10	,that I la	at consti	
alive 3/26	/58	10			P				
dive on	2	17	, and that dear	h accurred at 1342	JM, Iram	the causes of town,		date sh	DATE SIGN
ACTUAL	ento Bot	reit	ohen	_M.D	ADDRESS (SII	ear, city of rown,	zioiel		DATE SIGN
PHYSICIAN'S NAME (Type)	ARCHIE RO	BER	T COHEN. M.I	CLEAR S	PRING	MD.	07/	28/5	8
220. BURIAL CREMATI	ON. 226 DATE THEREO	F	22c NAME OF CEMETERY		22d IOCAT	ION (City, town,	or countyl		
REMOVAL (Specifi	7/20/50							{5	Slate]
Burial 3. FUNERAL DIRECTO	P'S SIGNATURE (7)	,	Lutheran Ceme			y, Mary		ATRIDE	
Muri	you C. Fu			240. REC	L 3 0 '5	B PRECE	STRAR'S SIGN	AFORE	
C.O. Fusi	& Son		nevtown. Mary	DATE DATE	0 0	COL	- educe	n	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.54588446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Waskington Foge files. b couraghington MARYLAND b. CITY OR TOWN III outside corporate I mils, we ter RURAL c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) your your Hagerstewn Naryland SSVrs - Magerstewn, Marvland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ed for d STREET ADDRESS e IS RESID FILE ON A FARM? 323 N. DOA Washington County Respital Jenathan Street YES NO T AAiddle DATE DECEASED (Type or print) Daniel nel DEATH Lee 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 9 AGE (in years IFUNDER TYEAR IF UNDER 24 HRS Months Days Hours Malle WIDOWED | DIVORCED [100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) during most of working life, even if retired) 112. CITIZEN OF WHAT COUNTRY? 6 Janiter famil v Berryville USA 4 hours Sive Pages 1 farm PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT M. Kamithan Street 323 Lee ne 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEALS PART I. DEATH WAS CAUSED BY: Arteriosclerotic myocardial heart disease IMMEDIATE CAUSE (a) Acute coronary occlusion **DUE TO** Conditions, if any, which gove rise to immediate couse **DUE TO** (o), sleling the underlying COULD TOS! PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 12, WAS AUTOPSY PERFORMED? None 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Fart 11 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. none none 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bidg., etc.) While Not while none al work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X.

opinion death resulted from: Natural causes 🛣, Accident 🗍, Suicide 🧻, Homicide 🧻,

S. Robert Wells, M.D.

Year

NO.

(State)

DATE SIGNED

(Stote)

Inquiry .

Undetermined manner

22d LOCATION (City, lown, or county)

MS. ATEMIE 5M 2/57

farwarded 1 DIRECTOR:

xecute the c shauld be f FUNERAL D

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

REMOVAL (Specify)

220. BURIAL CREMATION | 276. DATE TEREOF

Lagerstewn Marylan 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'O BY REGISTRAR 246. REGISTRAR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER IX

me in I lotier of Mayrater a Mil

TO NOIPITAL OF INTENDING PHYSICIAN: The law requires that the difficate be executed within 24 hours after death. Page I may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this cert. In the been signed by the attending physician and completely fill in by the funeral director, page 3 should be detached for use as a being transit permit. Then please remare carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8447 CERTIFICATE OF DEATH

Reg. Dist. No. (1545)

1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDEN	CE (Where decease Land	b. COUNTY		before admis hingt	
Г	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			orote limits, write R			
	rural and give recrest town) hagerstown	Life	He	gerstov	vm.			
Г	d. NAME OF HOSPITAL (If not in hospital, give street	address)	,d. STREET ADDI	RESS			. IS RE	SIDENCE
	OR INSTITUTE 1142 Virginia	Ave	213	42 Vire	zinia Av	е		A FARM?
3.	NAME OF First	Middle	Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print) Serve Clw	ften Le Fevr	re	OF DEATH	July	24	·	19 58
5.			B. DATE OF BIRTH		9. AGE (in years		FEAR IF UND	
	Female White wipowi	ED 🚻 DIVORCED 🔲 🗓	Dea. 5, 1	882	10st birthdoy)	Months De	ays Hours	Min.
100	s. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE	(State or foreign	country)	12. CITIZE	EN OF WHAT	T COUNTRY
M	achine Operator	Dress	Hae	erst owr	Md.			
13.	FATHER'S NAME		14. MOTHER'S MA	IDEN NAME				
	Jacob Le Fevre		I	ora	Feigl	ey		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Addi	ress		
		14-09-8281 Fr	rank L. F	loyston	Ha ge	rstow	n Md	
	18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]					INTERVAL BI	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)							DEATH POB ?
	DIETO							iays
	Conditions, if ony, which) Acute Intestinal Obstruction							2~, 2
gove rise to immediate								
	lying cause lost.							
ă	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY
S								DRMED?
CERTIFICATION	20d. ACCIDENT WAS UNDERLYING TO 20b. DESCOR CONTRIBUTING TO CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of in	ury in Part 1 or Pa	rt () af item 18 }			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	None						
MEDICAL			ACE OF INJURY (Hom	e, farm, 20f. (Cit	y or town}	(Cou	inty)	(State)
MED	Haur a. p. None 19 While of war		ctary, street, office blo NONE	office energy	_			
	21. I certify that I attended the decease	ed from April	19.56	July	10 5	8that I los	t courtho	docomen
	alive on July 24 19	54, and that death						
		- C	occorred dimes		Street, city or town,			ea abave. ATE SIGNED
	SIGNATURE SIBPOLEST	mellin	м.р. 115		ac Street	,	7	_25_5A
	į.		M.U	Ma_ADDOX	SC OFFEER			==2=29
	PHYSICIAN'S NAME (Type) S. Robert	Wells, M.D.	Hag	erstown,	Maryland			
220	BURIAL, CREMATION, 22b. DATE THEREOF	72c. NAME OF CEMETERY O			TION (City, lawn, o	or county)	(Sto)	ie)
	Burial 7-26-58	Rose Hill		-	gerstow			
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR 1945. REGIS		ATURE	
1	Minnich Funeral Home	Hagerstown		WL 2 9 '58		educh		





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March 1		
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TEN	the DR:	far.
SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page	be retained by the hospital or attending physician. See a DIRECTOR: After this certification has been signed by the attending physician and completely fully by the funeral director, as should be detached far use as the Carial-transit permit. Then please remove carbon papers. Pages is and 2 should be filed with	44 4
ő	JRE d b	
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lids	Se C	A.i.e.

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8449

08461

CERTIFICATE OF DEATH

Reg. Dist. No. 302

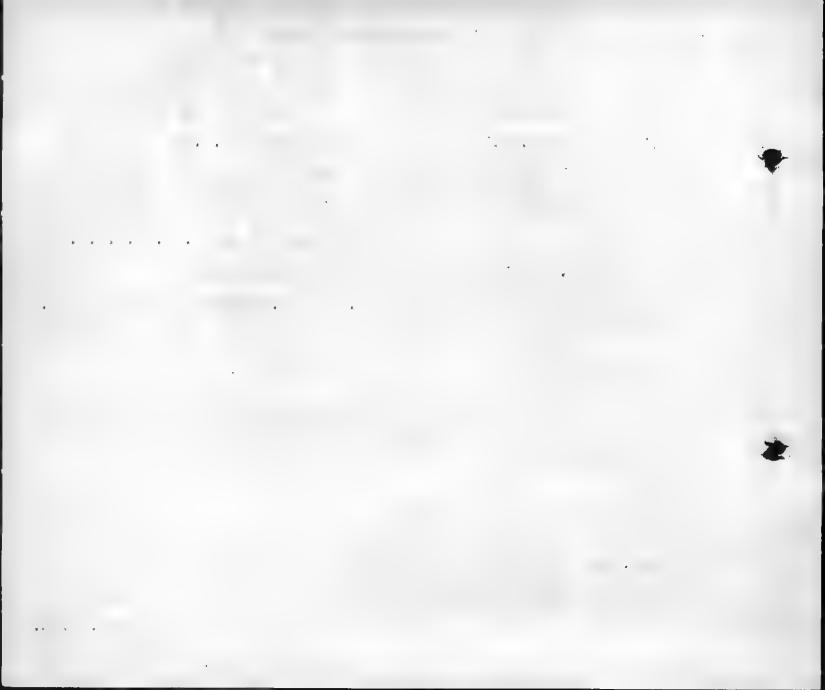
o county ashington Maryland	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) STATE Maryland Wabshilly ton						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest hown) Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hagerstown						
d NAME OF HOSPITAL (F not in hospitol, give street oddress) OR INSTITUTION Tash County Hospital	1 d. STREET ADDRESS 2432 Penna Ave e. 15 RESIDENCE ON A FARM? YES \(\sum \text{NO IN} \)						
3 NAME OF DECEASED (Type or print) MARK KERMIT Middle	ILLER 4. DATE Month Doy Year OF DEATH July 12 1958 19						
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH AUGUST 16 1911 9 AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS August 16 1911 46 yrs. Months Doys Mours Min						
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired) County Agricultural Agent Wash.	STRY 11. BIRTHPLACE (Stole or foreign Country enna 12 CITIZEN OF WHAT COUNTRY Herndon Northumberland USA						
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Lain Willer	Katie Brower						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT Address						
47	s Adele Miller 3-32 Penna Ave						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Hagerstown Md. Interval between onset and death						
IMMEDIATE CAUSE (O)							
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO DUE TO (b) A + + + + + + + + + + + + + + + + + +	levotic Heart Disease						
CAI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMENT YES NO						
	D (Enter noture of injury in Port f or Port II of item 18)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Mome, form, clory, street, affice bldg , etc.) (City or town) (County) (State)						
21. 1 certify that I attended the deceased from July 1	2. 1958, to TU / 12 , 195 Vihot I last sow the deceased						
olive on This , 19 55, and that death	occurred of 2:15 PM, from the couses and on the date stated above						
0	ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE COMPANY	mo. 2/4 N. Dotomacst 7/14/51						
PHYSICIAN'S MAME (Typo) 46 1 A. HO FF TO A	- Hogerstown, and						
220. BURIAL, CREMATION, 228. DATE THEREOF 220 NAME OF CEMETERY O	R CREMATORY (22d. LOCATION (City town, or county) (Stote)						
REMOVAL (Specify)	cemetery Summit Hill Carbon Go Penna						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE						
Andrew K. Cofiman Hagerstown Ld.							



[Stote]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57



1 8486 CERTIFICATE OF DEATH	DCADO
3 8486 CERTIFICATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH COUNTY WASHINGTON MARYLAND 2 USUAL RESIDENCE (Where deceased lived. H inst o. STATE MARYLAND WASHINGTON WASHINGTON MARYLAND WASHINGTON	Intution Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give life acres town) BOONS BORD	
d. NAME OF HOSPITAL (If not in hospitot, give street address) GR INSTITUTION 113 LAKIN AVENUE 113 LAKIN AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF First Middle Lost 4. DATE OF OF THE TYPE OF	Month Day Year 19
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdo	
100. USUAL OCCUPATION (Give kind af work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	TO THE TOTAL OF TH
15. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 113 NO 19 yes, give war or doffer of vervice) NONE MRS. WINOLA CHARLES BOO	ONSBORO MARYLAND
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I DEATH WAS CAUSED BY (b) (1) TUBELLE (C) (1) MMEDIATE CAUSE (a) (b) OUE TO Canditians, if any, which (b) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Couse (a), stating the under DUE TO State Stat	GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
20a ACCIDENT WAS UNDERLYING DON'T PORT II of I lem 18) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of I lem 18) 20c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of I lem 18)	YES NO Z
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of twork of two	(County) (State)
alive an file 19 5 y, and that death accurred at 41 th th M, from the cause ADDRESS (Street, city or too Signature Signature Signature Signature	
PHYSICIAN'S SIGNEY MOVENSTEIN	
0 0 0 0	WASH.CO.MD.
vs A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE OBTUS (1) ADDRESS 24a. REC'D BY REGISTRAR OATE JUL 2 9 '58 OUT OBTUS (2) DATE JUL 2 9 '58	EGISTRAR'S SIGNATURE



within 24 requires that



FOR HEALT	T STÂTE
DEPUTY MEDICAL EXEMINER: This certifical should be executed within 24 hours after death. If any delay is namessary, please the excite the certificate, writing the world pending" in pendil in them 18. Give Pages 1, 2, and 3 to the function. Page in the should be farwarded to the Chief No. Ital Examiner's Office along with form PM3. Page 5 may be reflected for your files. The FUNERAL DIRECTOR: Page 3 should be caused as a buriol-transit permit. File pages 1 and 2 with the total Based of Health.	orh.
DEPUTY MEDICAL secure the certificon should be forward FUNERAL DIRECT	r its designated oc

PLACE OF DEAT p. COUNTY **B CITY OR TOW** and give seares Hagers d. NAME OF HO Washin

3. NAME OF DECEASED (Type or print)

male 100 USUAL OCCUI during most of w 13. FATHER'S NAM

15. WAS DECEASE Spanis 18 CAUSE OF PART I.

5, SEX

	STATE DEPARTME			*	0.8	465
Washington	MARYLAND	2. USUAL RESIDENCE (W		Re	g, Dist, No.	:
N (foulside corporate limits, wite RUFAL town)	3 weeks	Greenc		e lim ts, write RURA	L and give neare	il town) J
ston County Ho		d. STREET ADDRESS				S RESIL N. F
Omer	Middle	Nelson	4. DATE OF DEATH	Month July	25,	Year 19 58
6. COLOR OR RACE 7- MARI	-	DATE OF BIRTH	drid lo	GE n years IFUN Hon!	IDER TYEAR IF L	UNDER 24 HRS
PAT ON (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR INDUSTRUMENT	Put nam		ndiana 12.	CITIZEN OF WE	HAT COUNTRY?
unknow	n	14. MOTHER'S MAIDEN N		va J. Co	le	
h American	S SOCIAL SECURITY NO 17 IN	Chas. H.	Rector	Address Greence	astle,	Ind.
DEATH [Enter only pine couse per lin DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	Pulmonary embo	lus	-,		INTERVAL E	
ony, which OE OE	empressed fractusteoporosis of s neumatic valvula teriosclerotic nb-acute pancrea	re 2nd lumba pinal vetebr	8.0		2	O days

Conditions, if any, which gove rise to immediate cause (a), stating the underlying course last.	Contemporate of spinal vetebrae Rheumatic valvular heart disease Arteriosclerotic myocardial heart disease (c) Sub-Acute pancreatitis
PART II, OTHER SIGNIFICANT CO	ONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPY PERFORMED? YES ** NO [
20g. EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)

Passenger in bus that was traveling over rough road and he received sudden pain in his CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Doy, Year 19 58 While Not while Is work Is factory, street, office bldg., etc.) Highway Rural Morcoraburg, Frank, Pa

21. I certify that I took charge of the remains described above, held on Autopsy 2, Inspection 1, Inquiry 1. opinion deoth resulted from: Notural couses 🕱, Accident 🛣, Suicide 🧻, Homicide 📄, Undetermined manner 🗌

DATE SIGNED

22c NAME OF CEMETERY OR CREMATORY

S. Robert Wells, M.D. EXAMINER'S NAME (Type)

270. BURIAL, CREMATION, 276 DATE THEREOF

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER IN

> 22d EOCATION (City, lown, or county) Putnam Co., Indiana

Boone-Hutcheson Ceme. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Minnich Funeral Home, Hagerstown, Md.

240. REC'D BY REGISTRAR THE REGISTRAR'S SIGNATURE

VS ATSME BM 2 '57



FOR STATE HEALTH DEPT certificate should be executed within 24 hours ofter death. If any delay is necessary, please to pending in pendil in them. 18. Give Pages 1, 2, and 3 to the funcial director. Page cal Examiner's Office along with form PM3. Page 5 may be a tred for your files. Lot used as a busial-transit permit. File pages 1 and 2 with the Board of Health, all, cremation, or removal, and in any event, within 72 hours after ocath.

execute the certificate, writing the word a should be forworded to the Chief I TO FUNERAL DIRECTOR: Page 3 should on its designated agent, prior to burial.

VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05468

				Reg, Dist, No.				
1. PLACE OF DEATH COUNTY Washington	AR E BLUE ARREST	2 USUAL RESIDENCE (Where dec-		W ashing				
b. CITY OR TOWN (M auticle corporate I m 15, write 8	MARYLAND UPAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c						
and give nearest fewn)		Hagerstown	•	OKAC BIND GIVE HEBIE	ar rowny			
d. NAME OF HOSPITAL OR INSTITUTION (70 yra	A STREET ADDRESS		a.	IS PUSIDENI I			
Washington Con		245 S. Poto	nac Street		ON A FARW?			
3. NAME OF DECEASED (Type or print) Bessie	Camille N	Lost 4 DATE OF DEAT	H July	13 Doy	Yeor 19 58			
Female White		Jan/ 6,1870	fort birthday) 715.	FUNDER TYEAR IF I	UNDER 24 HPS			
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	Home	11. BIRTHPLACE (Stote or foreign Maryland	country)	12. CIT ZEN OF W				
13. FATHER'S NAME Ezra Newcomer	- Annual	Ann Clara Ha	mmond		**fa			
15 WAS DECEASED EVER IN U. S. ARMED FORCI (If yes, give war at dates of for		Mr. Harry Newcom	er - Hagers	town, Md				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART I, OTHER SIGNIFICANT CONDI	Arterioscleroti Acate ventricul Closed fracture	clized arterioscle c myocardial hear ar fibrillation neck of lt femus	t disease	V IN PART MONTH W	VZQOTUA ZA			
Duodenal ulo	PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO							
CAUSE OF DEATH.								
20c. TIME OF INJURY Month, Doy, Year Hour S. m. June 25 19 5	MATERIA MALEUNIA	CE OF INJURY (Home, form, 20f. (Clory, street, office bldg, etc.)	agerstown	(County) Wash. M	(Stote)			
opinion death resulted from No	21. I certify that I taok charge of the remains described obove, held on Autopsy 🗷, Inspection 🔊, Inquiry 🗍, and in my opinion death resulted from: Natural causes 🗍, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner							
ACTUAL SI Reclie	it welly	M.D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMI	_	DA	ATE SIGNED			
	Robert Wells, M.D.	DEPUTY MEDICAL EXAMINE	20	7-14-5	8			
226 BURIAL CREMATION 226 DATE THEREOF 7-15-58	Rose Hill Cen		Hagerstown	county) Wash	'Ma'			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 240 REC'D BY REG	STRAR 24b. REGISTI	RAR'S SIGNATURE				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8453 **CERTIFICATE OF DEATH** Reg. Dist. No. with 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · Siate Virginia . COUNTY filed b. COUNTY MARYLAND Washington Henrico death. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest lown) should Richmond Hagerstown months d. NAME OF HOSPITAL (If not in hospitol. give street oddress) OF INSTITUTION Washington County Hospital d STREET ADDRESS 3309 Delaware Avenue NAME OF Middle 4. DATE Manth DECEASED OF DEATH withIn 24 Dora Whit tock Osborne (Type or print) July 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months March 29, 1878 Female WIDOWED T DIVORCED | 800 White 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carbon Housewife Floyd County, Va 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel Henry Whitlock Mary Fisher 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO bulgur NONE A. Osborne, Templeman, 18. CAUSE OF DEATH [Enter only one cousesper line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) requires that the Conditions, if ony, which gave rise to immediate OUT TO couse (o), stoting the under-M Pelerrer lying couse lost PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 179. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) WEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d INJURY OCCURRED Hour o. m factory, street, office bldg., etc.) While Not while ot work | p. m. ot work 1956 21. I certify that I attended the deceased fram. that I last saw the deceased. A M, fram the causes and on the date stated above. and that death occurred at 2 alive on DIRECT ACTUAL SIGNATURE prior 3 should may be retain 5 FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Forest Lawn Gem

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 14

> > (Stole)

U.S.A.

(County)

246 REGISTRAR'S SIGNATURE

Richmond

240. REC'D BY REGISTRAR

DATE

YES NO

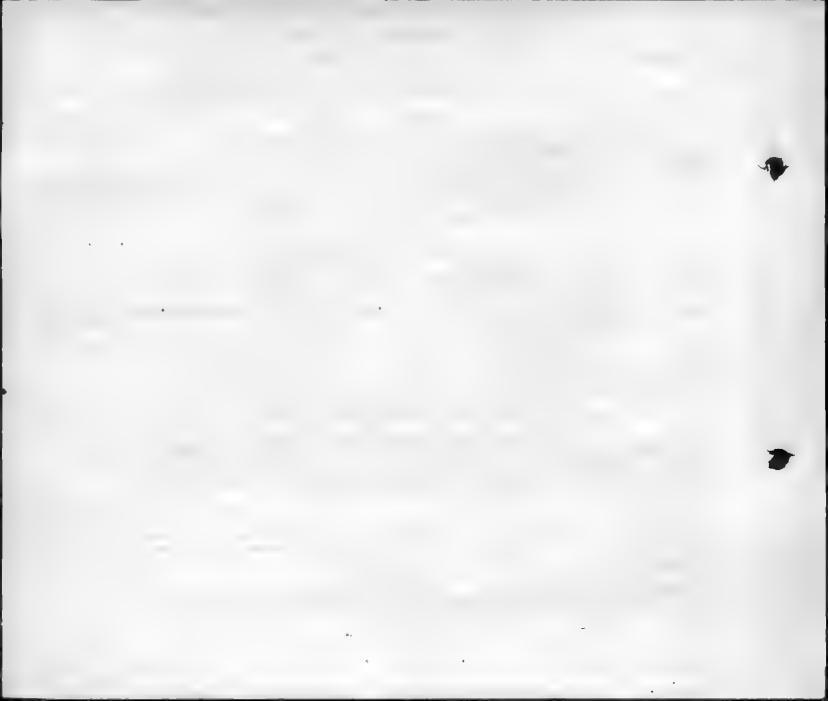
Year

19 58

0 VS A15 (4) 15M 9/55 REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

7-14-1958



FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward pending in pending if them, 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief K. Tal Examiner's Office along with form RNA. Page 5 may be to dear your files.

TO FUNERAL DIRECTOR: Page 3 should be ased as a burial-transit permit. The pages 1 and 2 with the Stree Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any analysis.

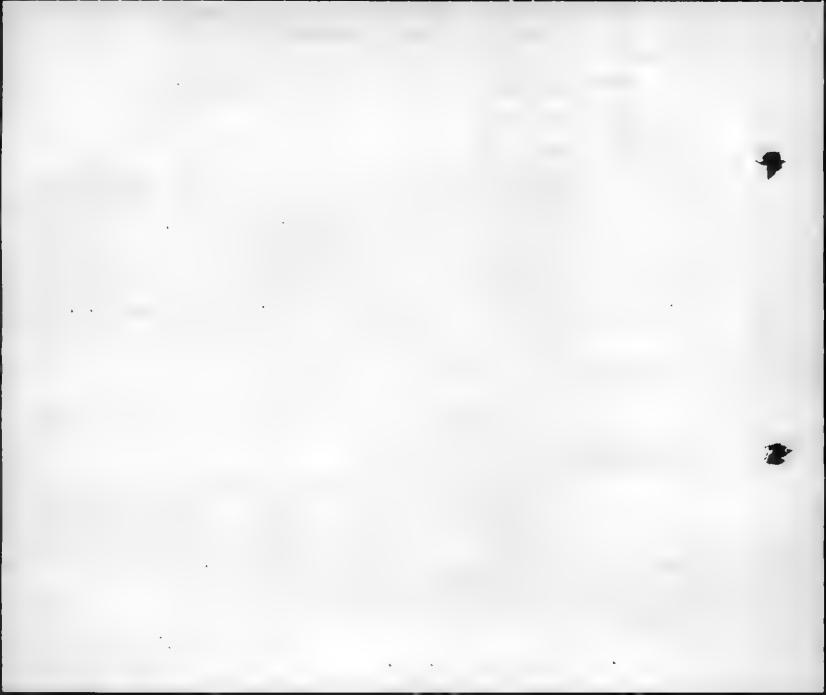
VS ATSME 5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08468

				Reg. Dist. No.				
PLACE OF DEATH	Washington	1 MARYLAND	2. USUAL RESIDENCE (Where desposed live o STATE MATE Y LATIO	d If institution Residence before admission) b COUNTY WASHINGTON				
b CITY OR TOWN at and give negrest town	Wevertol		c. CITY OR TOWN (If outside corporate Woverton	limits, write RURAL and give nearest town)				
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF no	of in hospital, give street address)	d STREET ADDRESS	e IS RE DEN E ON A FARMS YES NO				
3. NAME OF DECEASED (Type or print)	William	Middle P	hillips 4. DATE OF DEATH	July 4 Doy Year 58				
5. SEX Male	SECTION AS AS AS	MARRIED NEVER MARRIED B	3-28-1878 ° 80	Thiday) yrs Months Doys Hours Min.				
Retired	ng life, even if retired)	106 KIND OF BUSINESS OR INDUST	Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	D		14. MOTHER'S MAIDEN NAME	Ale Tress de alessana				
15 WAS DECEASED BY		SIOY Phillips:	IFORMANY	th Huntsbury				
[Yes, no, er unknown]	(If yes, give war or dates of terrio	re)	Mr.Wesley Phillip	Md Md				
	ITH (Enter only one cause parties of the CAUSED BY:	per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH				
1122	IMMEDIATE CAUSE (6)			* The state of the				
1 " " "	Conditions, if ony, which) Arteriosclerotic myocardial heart disease							
gove rise to imme	idiole couse	with myocardial f	eliure grade Tv					
(a), stoling the couse fost.	underfying (c)	WIGH Myocardia 1	0.1.1m10 81000 TA					
PART II, OT	HER SIGNIFICANT COND TH	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D SEASE CON	DITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	USE WAS INTRIBUTING []	ESCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Port I or Port II of Hem	18)				
20c. TIME OF INJU Hour e.m. p. m.	More	70d INJURY OCCURRED 20e PLAC While Not white of work of work	E OF INJURY (Home, form, 120f. (City or townsy, street, office bldg., etc.)	(County) (State)				
21. 1 certify to	hot I took charge of	the remains described abo	ve, held on Autopsy 🔲, 🛚 inspec	tion [2], Inquiry [], and in my				
opinion death	resulted from: Not	tural causes . Accident []. Suicide [], Homicide [],	Undetermined manner				
ACTUAL SIGNATURE	S. Pole	7 Wells	_M D. CHIEF MEDICAL EXAMINER	DATE SIGNED				
EXAMINER'S NAME (Type)	S.Robert	Wells	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7-4.58				
220 BURIAL CREMATIC REMOVAL (Specify Burial	7-6-1958	22c NAME OF CEMETERY OR PORTICOSTA		City, town, or county) (Stote) tts: M111s Md.				
12 4 2	es signature Bru	nswick, Maryland	24d. REC'D BY REGISTRAR DATE JUL 9 '58	24b. REGISTRAR'S SIGNATURE				
manufacture and a				TO THE RESIDENCE OF THE PARTY O				





VS A15 (4) 15M 9/55

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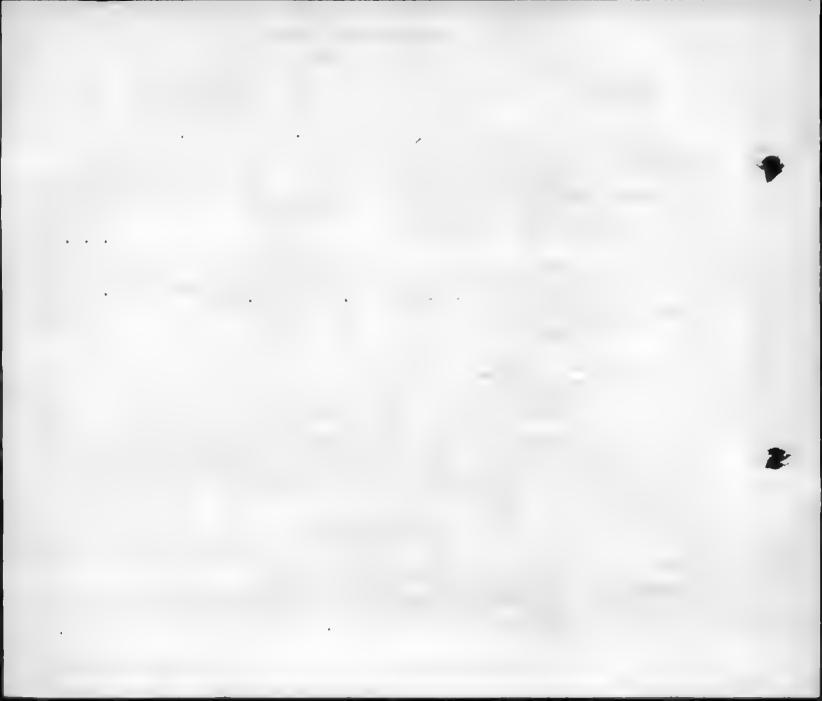
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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
8455	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

() \$47()

н							Meg. Dist.	141	
	1. PLACE OF DEATH COUNTY WAS	SHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE MARYLAND b. COUNTY V ASHINGTON					
	P. Can or Town	CITY OR TOWN (If outside corporate limits, write RURAL and give HAGERSTOWN						nearest to	wn)
	MAN OF HOSPI	TAL (If not in hospital, give CON COUNTY	street oddress) HOSPITAL	d STREET ADDRESS 225 S. P	OTOM	AC ST.		ON	A FARMED
	II. NAME OF DECEASED (Type or print)	MARY	ALICE	Lost REPP	4. DATE OF DEATH	JULY		Doy 10	Year 19 58
	5. SEXFEMALE	T WHITTE	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11/29/18	91	9. AGE (In years lost birthday) 6 Orrs.	Months Day		
	"BEAUTY"	ON (Give kind of work don king life eyen if retired) SHOP	OWN SHOP	MARYL	AND	ountry)	1	. S . A	AT COUNTRY?
	OLIVER	BAKER		14. MOTHER'S MAIDEN N SARAH	BYRE	M	MARDA	m∩ F/M	
	(Yel no PO Onknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service		MR. OLIVER	. W.	MOWEN Addi	HAGERS'	• •	
	20g. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY HOUF o.m., p. m.	mmediate the under (c) HER SIGNIFICANT CONDIT AS UNDERLYING [] 200 AS UNDERLYING [White Not white for at work of our work	NOT RELATED TO THE TERMINATE OF INJURY IN PACE OF INJURY IHOME, form ctory, street, office bldg, etc.	Part Los Por	E CONDITION GIVE	(Coun	YES (NO (Stote)
	actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVED THE TYPE IN THE TY	Cond of d A	195 C, and that death The FF m 120c NAME OF CEMETERY O	R CREMATORY	ADDRESS (S		nd on the control	date sta	
	23 SUNBRAL DIRECTOR	SIGNATURE THE THE	Lagerslawy 1	7. /	D BY REGIS	TRAR 246 REGIS	TRAR'S SIGNA		



FOR STATE HEALTH DEPT.

certificate should be exacuted within 24 hours after death. If any delay is necessary please reading" in pencil in Item 18. Give Pages 1, 2, and 3 to the figural director. Page will Examiner's Office along with form PM3. Page 5 may be a sed for your files. See used as a burial-transit permit. File pages 1 and 2 with the See Board of Health, bl. cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	-	SUSS MEDICA	AL EXAMINER'S	CERTIFICA	TE OF DEATH	Reg. Dist. No. 302	
7	PLACE OF DEATH	U X U-U	The state of the s	12. USUAL RESIDENCE	Where deceased lived. If institu		
ı,	o. COUNTY Washington MARYLAND			o STATE Maryland b COUNTY Frederick			
ı	b. CITY OR TOWN It a	autorde corporate limits, write PUEAL	c. LENGTH OF STAY IN 16		If outs de corporale limits, write	RURAL and give nearest town)	
	Rural Hage:	rstown	1 day	ìi	rmont	8	
-		L OR INSTITUTION (If not in he	the same of the sa	d. STREET ADDRESS	I MOLLO	Te IS RES DET C	
	Appalachia	n Inn		unk	novn	YES NO	
3	, NAME OF DECEASED	First	Middle	Last	4 DATE Month	Doy Year	
	(Type or print)	JOSEPH	MORRIS F	RICHARDS	DEATH July	30 19 58	
5	. SEX	6 COLOR OR RACE 7. MARE	HED NEVER MARRIED B	DATE OF BIRTH	9 AGE (In years foot birthday)	IF UNDER TYEAR IF UNDER 24 HE	
	Male	White WIDOW	ED DIVORCED 🔯	ctober 7, 1	905 52 75	Months Days Hours Min.	
1	Oa, USUAL OCCUPATION during most of warking	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST			12 CIT ZEN OF WHAT COLNTR	
	Auto Sale		m Business	Montgome	ry County, Md.	U.S.A.	
1	3. FATHER S NAME			14. MOTHER'S MAIDEN NAME			
		Richards		Ber	tha Warfield		
		It's year days were or elected of somewall		IFORMANT	Address Por La	imana Md	
	no	2	217-10-9096 J	seph M. Ric	nard, or ball	imore, Md.	
		H [Enter anly one couse per line	e for (a), (b), and (c)	W. A. Spinishings on		TINTERVAL BETWEEN	
	PART : DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Suffocation by hanging						
	1/ X	DUE TO					
	Conditions, if an						
	gove rise to immediately (o), stoting the un						
	cause fast,) (c)	was become service among over agent that it is				
	PART II. OTHE	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	WINALDISEASE CONDITION GIV	EN IN PART I(a) 19, WAS AUTOPSY PERFORMED?	
	3	None		·	·····	YES NO X	
	PART II, OTHE	SE WAS TRIBUTING [] 206 DESCRI	BE HOW INJURY OCCURRED (E	nter nature of injury in Pa	ert I or Port II of Hem 18.)		
			anged self in b			eria a	
					(County) (Stote)		
						gerstown, Wash Md	
	21. I certify the	of I took charge of the	remoins described obo	ve, held on Autop	sy [], Inspection [],	Inquiry [], and in my	
	apinion death r	esulted from: Notural	couses [], Accident [], Suicide 🛣,	Homicide	rmined monner	
	0	DOY	-7.000			DATE SIGNED	
	SIGNATURE) ones	hello-	M.D. CHIEF MEDICAL		DAIL SIMED	
	EXAMINER'S	S. Roha	wt Walla W.D		CAL EXAMINER	8_1_58	
	NAME (Type)	o wobe	rt Wells, M.D.	DEPUTY MEDICAL	EXAMINER 4	8-1-58	

execute the certificate, writing the wor a should be forworded to the Chief & to FUNERAL DIRECTOR: Page 3 should be ar its designated agent, prior to buriol, VS. ATSME 5M 2/57

224 NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION, 22b DATE THEREOF

Home

DEPUTY MEDICAL EXAMINER 22d LOCATION (City, town, or county)

8-1-58

(State)

Maryland

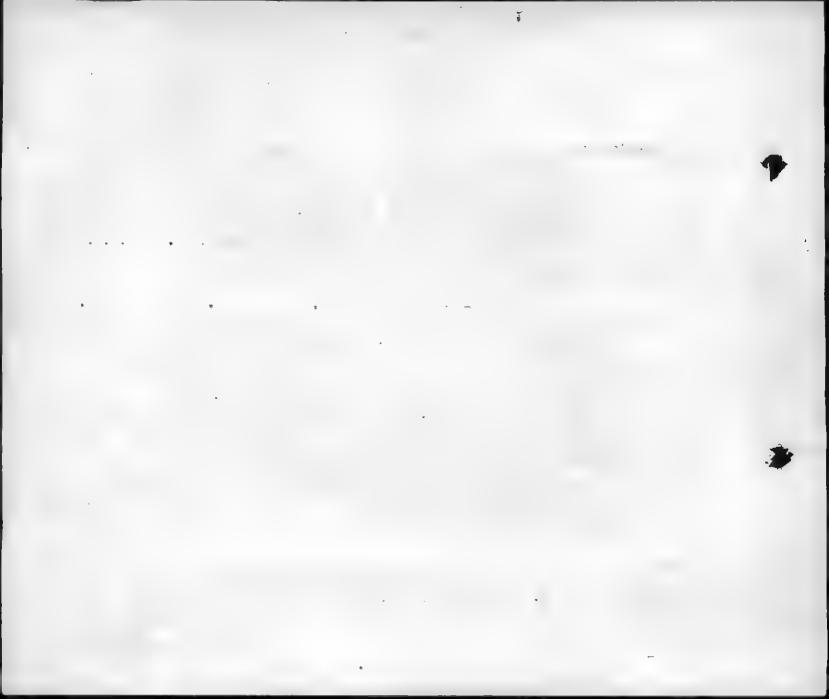
REMOVAL (Specify) Blue Ridge Cemetery Suter Rouzer Funeral ADDRESS

Hagerstown, Md.

DATE AUG 5

Thurmont,

240 REC'D BY REGISTRAN 245 REGISTRAN'S SIGNATURE



by the funeral director, of 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be relatined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certification has liken is good by the ottending physician and completely filling page 3 should be detached for use as the Arial-transit liermit. Then please remaye garbon papers. Pages 1 in the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours when each.

VS A15 (4) 15M 10/57 V

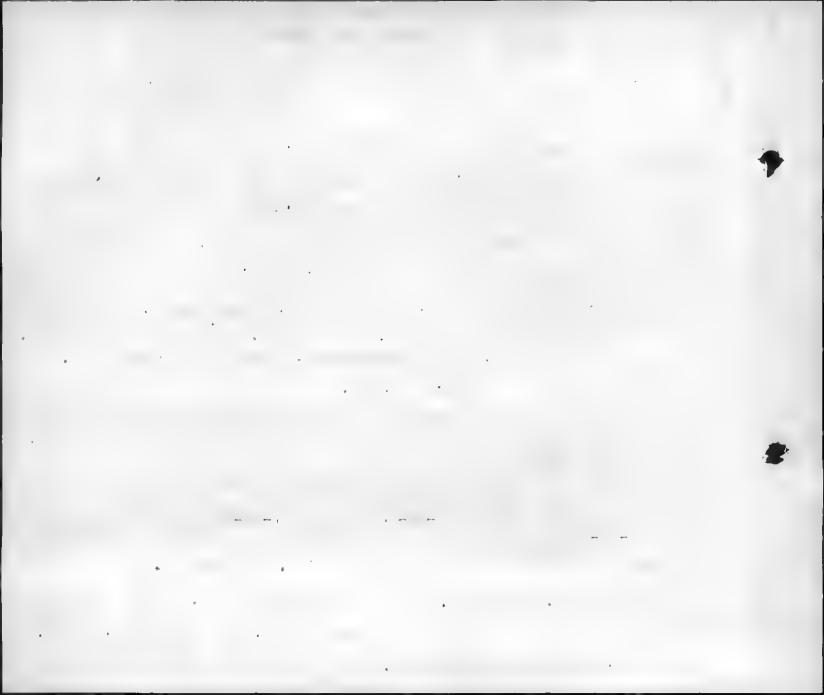
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

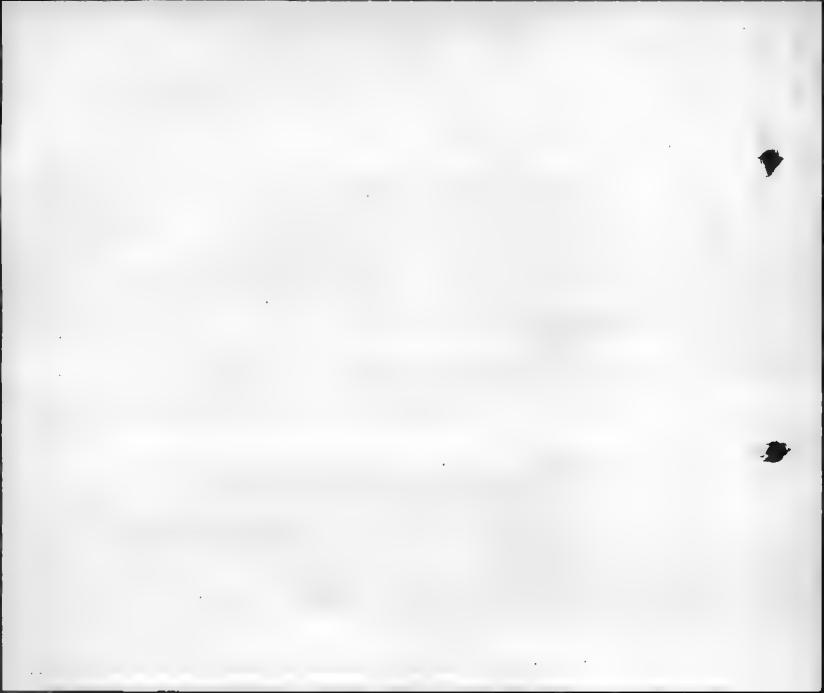
08472

8456 CERTIFICATE OF DEATH

Reg. Dist. No302

- 1						114 81 01011 111	400
1. PLACE OF DEATH A COUNTY WAShington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit a shington MARYLAND ASTATE ASTATE				fore admission)			
-)			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			earest fown)
	Hagerst		35 Yrs	Hager	stown		
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	OR INSTITUTION W	Washington	St	1232 W.	Washington	ct	YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth E	Doy Yeer
	(Type or print)	RUTH	IRENE	RIDGE	DEATH July	15 195	8 19
	5 SEX	6. COLOR OR RACE 7 MARR	HED NEVER MARRIED	B DATE OF BIRTH	9 AGE [In years	IF UNDER 1 YEA	R IF UNDER 24 HRS
	Female	White wipowi	ED DIVORCED	Sept 20 18	96 last birthdoy)	Months Days	Hours Min.
	100. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN	OF WHAT COUNTRY
	7.7	ife Own Home	4	Luray Pag	e Co Va.	US	A
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
/	Georg	e Estep		Moll	ie Kline		
	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 116.	SOCIAL SECURITY NO 17. I	NFORMANT		dress	
	No	yes, give wor or delet of terrice	le To Locat	e Herman E.	Ridge 1222	राग गणक व	hington
		H [Enter only one cause per in		Hagerst	own ad.		hington TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY- C	ard iovascul			ON	hinutes.
	, ,	DUE TO (7	0			
	Canditions, if any		Ostitis Dem	frmans -	Paget's Di	50236	Yrs.
	gove rise to im	madiata (0)	To loo o many				
	couse (o), stating the lying couse last.	_	Julmonwn ca	use.			
		R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMI	NAI DISEASE CONDITION OF	VEN IN PART I(a)	10 MAC ALITOREY
/	CA10		STATE OF SEAL SOL	THE RELATED TO THE TERM	TAKE DISEASE CONDITION GI	VEN 114 FAKT 1(0)	PERFORMED?
	200 ACCIDENT WAS	UNDERLYING TI 206, DESC	RISE HOW INJURY OCCURRE	D. (foter noture of injury in I	Port 1 or Port II of item 18.1		YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U II ETITER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.)						
			WURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	3006 (C.) ()		
	Hour o. m.	White	Not while for	ctory, street, affice bldg., etc.	.) 	(County)) (State)
1		401	k ot work	_			
	21. I certify tho	t I ottended the decease					
	olive on 7-14	12	, ond that death	occurred ot	_M, from the couses i	and on the do	ote stated above.
	ACTUAL 7	1 2 2	AA .	4	ADDRESS (Street, city or town,	-	DATE SIGNED
,	SIGNATURE		MAIL .	M.D. 119 E.	Antietam St	5 . <	-12-28
	PHYSICIAN'S						
	NAME (Type) Le	uis G. Craff	· MD		town, Md.		
	270. BUR AL, CREMATION	1 , ,	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,		(Stole)
	DULIGI	7/17/58	Rest Haven	Ceretery	Higerstown	Wash.	Co Md.
	23. FUNERAL DIRECTOR'S		ADDRESS			STRAR'S SIGNATU	JRE
	Andrew K.	Coffman Hag	cerstown i.d.	DATE	. 1 7 '58 () 19	Losuch	





VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	8
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8458 CERTIFICATE OF DEATH

08474

Reg. Dist. No. 302					
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)			
· COMMIY Washington	MARYLAND	o STATE Maryland	b. COUNTY Washington		
b. CITY OR TOWN (If autside carporale limits, w	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autide corpo	rate limits, write RURAL and give nearest town)		
RURAL and give hearest town) Hagerstown	7 days	7 days Hagerstown			
d NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION		d STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
Martin Manor Nursing Ho	ome	303 Vista Ave.	YES NO K		
3. NAME OF First	Middle	Lost 4. DATE	Month Day Year		
(Type or print) NICOLO	JOSEPH	SALAMONE DEATH	July 8 19 58		
5 SEX 6. COLOR OR RACE 7.	113 CHARLES 1 111 CHARLES 1	B. DATE OF BIRTH	9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS		
Male White wi	DOWED TO DIVORCED	May 2, 1882	76 yes 2 6 Haurs Min.		
10a USUAL OCCUPATION (Give kind of work done guring grast of working life, even if retired)		_			
Loader	Stone Quarry	Chieda, Italy	U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Joseph Salamone		Bridgeder Ro	saria		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	0	NFORMANT	Address		
no	M	rs. Margaret Gerva	sio Hagerstown, rd.		
18. CAUSE OF DEATH [Enter only one cause	per line far (o), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	broucho h	elient, et -	5 days		
DUE TO					
Canditions, if any, which) (b)	General arts	ucochroni f	Cerebral		
gave rise to immediate Cause (a), stoting the under-	0 0 .	with a not	10 15		
lying cause last. (c)	Yudurban a	, 14h Senily-	1 10-13 Ju		
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	1) / "	E CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?		
3 Co General City	Estagen CT anga	mul almea OI	rantatic hypertry lyes I NO B-		
OR CONTRIBUTING CALSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar Por	t If at item 18]		
	411				
E Haur a.m	While Nat while fac	ACE OF INJURY (Hame, form, \ 20f. (Cit clary, street, affice bldg., etc.)	y or lawn) (County) (State)		
21. I certify that I attended the deceased from Aus 3 , 19.52, to 24 4 5 , 19.55 that I lost sow the deceased					
					olive on July
ADDRESS (Street, city or lown, state) DATE SIGNED					
SIGNATURE CLUCAL	W. W. Mour	Mb. 217 W. Washin	gton Street 7/9/58		
PHYSICIAN'S Edward W. Di	tto 111, M.D.	Hagerstown, M	aryland		
270. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY 22d LOCA	TION (City, town, or county) (State)		
Burial 7/11/1958	Rose Hill Ce		rstown, Maryland		
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 26 REGISTRAR 26 REGISTRAR 26 REGISTRAR 26 REGISTRAR 27 SIGNATURE N. Fanchilla 1 4 58 DATE ADDRESS ADDRESS ADDRESS DATE ADDRESS A					
N Franklin House	O Hagerstown, M	d. DATE JUL 14	00011-2023		

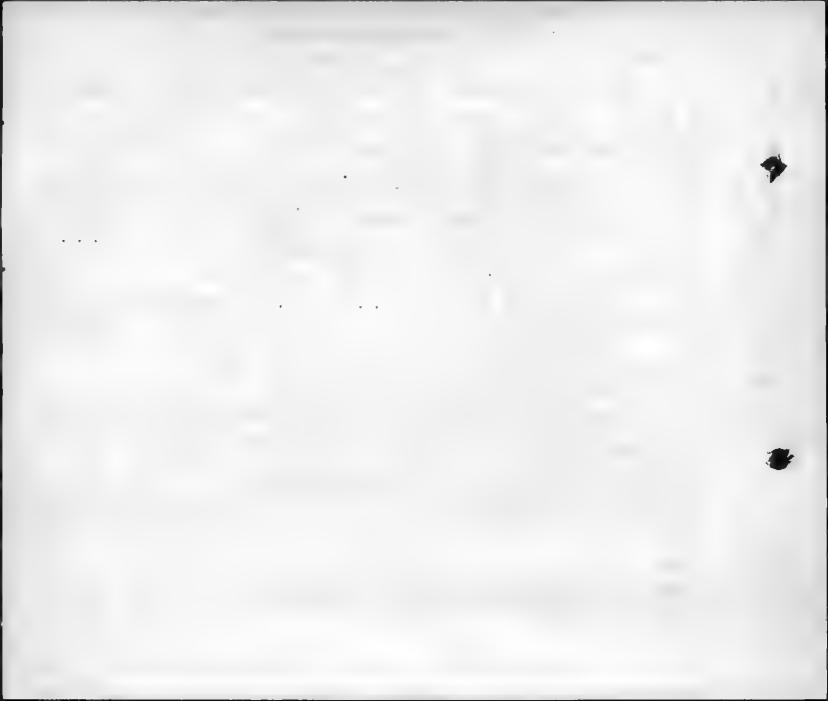


8489 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND erol be b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 11 RURAL and give nearest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T NAME OF Middle Last 4. DATE Day Year DECEASED OF DEATH within 24 July.17.1 (Type or print) 19 5. SEX 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months WIDOWED D DIVORCED [popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife TISA puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion move. 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Johnson none 0 Ave 18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c).] INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY: dans **DUE TO** Ę. Canditions, if any, which gned permi gove rise to immediate **DUE TO** cause (a), stating the underlying sause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? riol YES NO ā 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) otter 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. n. While Not while ot work at work p. m. 21. I certify that attended the deceased from that I last saw the deceased. alive on that/death occurred M, from the causes and on the date stated above. DATE SIGNED DIRECT **ACTUAL** SIGNATUR prior should PHYSICIAN'S NAME (Type) HOSPITAL FUNEP 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 122d LOCATION (City, town, or county) (Stole) poge REMOVAL (Specify) HOY Baltimore Mt. Carmel Cem. Md. rial 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 SANDER & SONS. INC. Baltimore Md. JUL 2 1 DATE



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			•	845	9 CER	TIFIC	ATE	OF D	EATH	H		Reg. [Dist. No	54	76	
)	1, [LACE OF DEATH	hington		MA	RYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE Maryland b. COUNTY Washington									
	ı	. CITY OR TOWN (IF RURAL and give nea	outside corporate lim	its, write	e. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
		Hagerstow	m			ys	03 Hagerstown									
	4	OR INSTITUTION	`		·		, d. STREET ADDRESS e. IS RESIDION A F									
		Washington	County H	ospit	al			1000	Corbe	ett St			ио 🔀			
		NAME OF DECEASED Type or print)	JOS	EPH	WAYNE	SEMLE	R J	lost T.		4. DATE OF DEATH	Jul	Month July			1958	
	5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MAI	RRIED 🔼	8 DAT	TE OF BIRTH			9, AGE (In years last birthday)	Months		Hours	ER 24 HRS Min	
		Male	White	WIDOW	- bund	CED 🔲		luly !		L958	yrs		2			
	10a	USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS	S OR INDU	STRY	11. BIRTHPLA	CE (Slote	or foreign c	ountry)	12. C			COUNTRY	
	10	None			None		121		Maryl					J.S.A		
	13.	FATHER'S NAME		~			14.	MOTHER'S								
	10		layne Seml				INFORM	Darl	ene	McCle						
	(Yes		yes, give wor or dates of					Semle:	n Cm		Hagersi		MA			
		NO CAUSE OF DEAT	M Centre columns o		NONE		- W .	Deliff c	01 6	•	Uagero	DOWII		COVAL OI	TAMERAL	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO											ONSET AND DEATH			
													5	aa	70.	
		Conditions, if on	12.4.3		in it										7	
		gove rise to im	mediate Dus To)	0010											
		couse (a), stating the lying couse lost.	ie under-	el .												
	N O	PART 11 OTH1	R SIGNIFICANT CON	NDITIONS.	CONTRIBUTING TO	DEATH BUT	NOTE	RELATED TO	THETERM	INAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o)	19. WAS	AUTOPSY RMED?	
0	CATE													YES [
	CERTIFICATION	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING A CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Ent	er noture of	injury in	Port I or Por	rt II of item 18.)					
	CAL	20c. TIME OF INJURY	Month, Day, Ye	ear 20d.	INJURY OCCURRED	20e. Pt	ACE O	F INJURY (H	ome, form	n, 20f. (Cit)	y ar town)		(County)		(Slate)	
	MEDICAL	Hour o, m, p, m	19	White of wo	rk ot work	10	ictory, s	street, affice	blog, etc	:);						
		21. I certify the	at Lattended the	decea	sed from 7/	3		1958	ta 7	118	1958	that	l last s	aw the	decease	
		alive an 7/1	-7	19,5		at death	1 000	urred at	530 4	M, frai	m the couses o					
			. 🔿		,				,		street, city or town,	stolej		D	ATE SIGNE	
		ACTUAL SIGNATURE	age for	فباسين	Char		M.D.	136	Wils	Vast	sestin.	57.		7/1	8/5	
1		PHYSICIAN'S NAME (Type)	dorge		ennin	95		140	En	Tonne	Md					
	220	BURIAL, CREMATION	, 226. DATE THERE	OF	22c NAME OF C			MATORY (,		TION (City town		-	(Stol	le)	
	$\overline{}$	REMOVAL (Specify)	7/19/5	8		Have	n				gerstown		r			
	23.	FUNERAL DIRECTOR'S	SIGNATURE A	. ž	ADDRESS	m Men	T -	and		D BY REGIS	- 10	STRAR'S	EIGNATU	RE		
		~ 777	1600		Hagerstov	wii Mal	ATS	at Kr	DATE	1 2 3 '5	B Ille	Lede	uch.			
	-	26 8/2.	K 2 4													



118477

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES T NO M Manth Yest 1958 AGE (In fears IF UNDER YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH doute PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 🖳 (State) (County) ... 1998 that I last saw the deceased Lenna Greencastle. Penna. 22d, LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0 VS A15 (4) 15M 9/55



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending, physician.

TO FUNERAL DIRECTOR: After this certification is been signed by the attending physician and campletely filling page 3 shauld be detached far use as the ratiol-transit permit. Then please remaye carbon popers. Pages 1 the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8461 CERTIFICATE OF DEATH

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		- UF	J	7	-6
-	Dist				

1 PLACE OF DEATH 0. COUNTY W	ashington		MARYLA	II O STATE	Md.	nere deceased	f lived If institut b COUNTY		shin		
b CITY OR TOWN (RURAL ond give n	(If outside corporate limiteores) lown)	its, write	c. LENGTH OF STAY IN		R TOWN (If o		rote limits, write f				
Hagerst				4	Hagers	town					
d NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, i	give street	address)	d STREE	T ADDRESS						IDENCE FARM?
Martin Man	or Nursing	Home		172	2 Virgi	inia A	ve.,				NO
3 NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF	Mos	nth	Doy	,	Yeor
(Type or print)	Char	les	E	Sheaff	er	DEATH	7		30		19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF B	RTH		9. AGE (In years			IF UND	ER 24 HRS
male	white	WIDOW	ED 💢 DIVORCED	Aug. 1	4, 1869	9	lost bighday)	Months	Days	Hours	Min
100. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11 BIRTH	IPLACE (Slote	or foreign co	ountry)	12 CI	IZEN O	F WHAT	COUNTR
reti		" (Car Repairma	n P.R.R.	Pe	enna.			U.S.	A.	
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	IAME					
	David She	affer	r		Ann	ie Rei	tzell				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INFORMANT				lress			
[Yes, no. or unknown) NO	(If yes, give wor or dotes of	l l	unknown	Clyde R.	Sheaf	fer Sr	o, Dayt	on 16	, Oh	iio	
	ATH [Enter only one co	ouse per la	ne for (a) (b) and (c).)	- 100	1.16	1	1		INTE	RVAL BE	TWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (C	1	esterio	relieste	X	us.	Klison	-0		1	DEATH
420,0	DUE TO		0	11.	1	0	. 1			7	
Conditions, if c		1	Domin.	Aly set	the	Lini	also		-3	77	20
gove rise to a	N DUE TO	,		7							
lying cause last.		:)									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	T 1(o) 19	WAS.	AUTOPSY
PART II. OT											RMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in f	Part I or Part	I) of item 18.)				
₹ 20° THAT OF INTHE		or 204 II	NIURY OCCURRED 20	e PLACE OF INJUR	Y (Home form	206 (61)	()		c		454
Hour e.m.	19	While	Not while	factory, street, of	fice bldg., etc.	.) 207 (Cily	or lown)	f.	County)		(State)
		of wor	9_	- 51			0 //	2			
	hat I attended the	deceas	A STATE OF THE STA	7779	10/5	7.5	199	that I	last sa	w the	decease
alive an	-30/00	12-	and that d	eath occurred (the causes o		he dat	e state	ed abav
ACTUAL	11 5	75	0.00		// '	A DORESS (Sh	city or town,	stale)	,	-P	STE SIGNI
ACTUAL SIGNATURE	men	UL	uns.	M.D.	THE !	Lot	THE ?	MI		//3	4
PHYSICIAN'S NAME (Type)	L Tw	2	to	_ //	Les	ulu	en the	4		/	
270 BURIAL, CREMATIC BEMOVAL (Specify DUT 1 a T	8-4-58)F	Camp Hil			Cain	ION (City, lown,	or county)		Pa.	e}
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'I	D BY REGISTI	RAR 24b REGI	STRAR'S SIG	GNATUR	E	
Fred W. Kr.	aiss Has	erst	own. Md.		DATE O	ton d I	D.	. /	- 1	7	

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Reg. Dist. No.

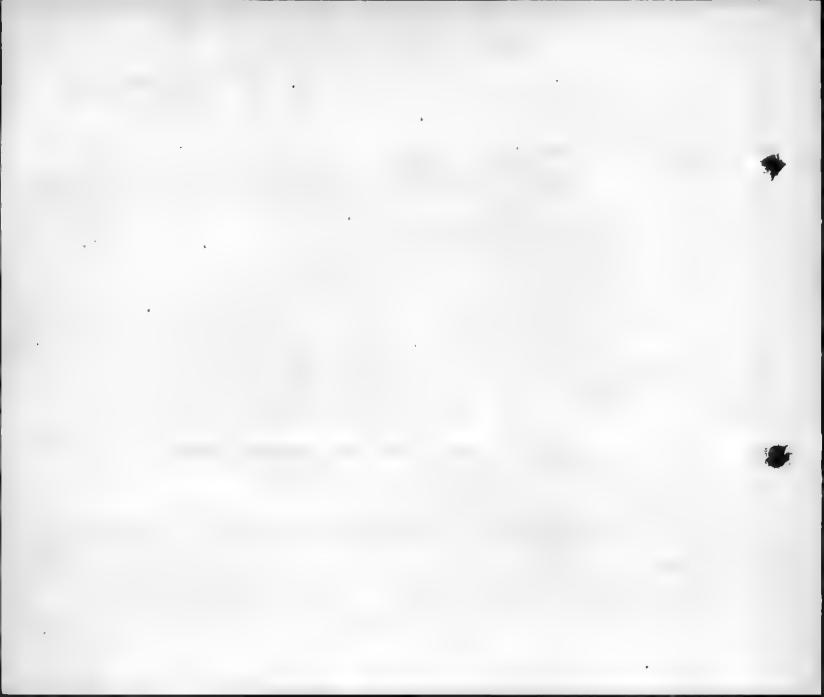
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	PLACE OF DEATH	_				2. USUAS RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY								
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	b CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR	TOWN (If o	utside corpo	rote limits, wr	ite RUR	AL and g	ive nec	rest tow	n)
L	Hager	stown		40 Yrs.		Hagerstown								
	d. NAME OF HOSP TO OR INSTITUTION.			address)		d. STREET							e IS RES	SIDENCE FARM?
	425 J	efferson S	t.,			-	425 Je	effers	on St.	,				NO 🖰
3	NAME OF DECEASED	Fire	st	Middle		Les	ıt.	4. DATE OF		Month		Da	у	Year
_	(Type or print)	Elva		Elizabe		Smith		DEATH		7		0		19 58
5.	SEX	6. COLOR OR RACE	7 MARR	IED 🕍 NEVER MARRIE	D 🔲	8 DATE OF BIRT	Н		9. AGE (In you					ER 24 HRS.
	female	white	WIDOW	DIVORCED		Feb. 16.	. 1895	5	6.0	yrs.	Manths	Doys	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHP	ACE (Stote	or foreign c	ountry)		12. CITI.	ZEN O	F WHAT	COUNTRY
		ewife	'	hôme		Clea	ar Spr	ing,	Md.			U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
	Jol	hn Drury				Ma	ary E.	Fors	ythe					
15.	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 F	NFORMANT		-		Addres	3			
(,,	no	If yes, gure wor or dates of s	ervice)	none	Ge	orge Sm	ith	Hage	rstown	, Mc	1.			
			use per ly	For (a), (b), and (c)-)		1	,						RVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY. HMMEDIATE CAUSE (a		bunany	1/1	romo	ten					2	Me	in La Ti
	420.1	DUE TO					0	,						
	Conditions, if on		, a	verio	o cl	works	ace	wats	revla	1	isea		Sk	ara
	couse (o), stoting the <u>under</u> DUE TO													
	lying couse lost. (c)										J ,			
ő	PART II. QTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION	GIVEN	I IN PART	I(o) 1	9 WAS	AUTOPSY
FICATION		non	1										-	NO -
E	20g. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of item 18.)													
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
S	20c. TIME OF INJURY	Month, Day, Yes	or 20d. IN	NJURY OCCURRED	20e PLA	CE OF INJURY	Home, farm,	, 20f. (City	or town)			penty)		(Slote)
MEDICAL	Haur o. m.	19	While of worl	Not white	foc	tory, street, office	e bidg., etç.;	1		-	·			. ,
1						10 2	6.5	Ju	627.	10				
		July 7	deceds	0		(XLEC)	71977	AN	A!, 19_					dece as e
	alive an	July 1	, 19	Q, and that	death	accurred at	1/40	ADDRESS IS	n the cause	es and	d an th	e dat	le stat	d abavo
	ACTUAL SIGNATURE	A20	w	2/5~		v.p				IWN, STO	rej		7/	11/58
	BUVELENANIE	11	pt : wyen a			W.D		140:-	PUTUV	ac	ST			
_	PHYSICIAN'S NAME (Type)	4.4.	ı	4, M D.			HAGE	RSTO	WN, M	ARY	LANL)		
220	BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEME				22d. LOCA1	TION (City, to	wn, or o	county)		(Stot	e)
	burial (Specify)	7/11/5	3	Rose Hi	ll c	emetery			gersto					Md.
	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	BY REGIST	RAR 24b		AR'S SIGI			
173	and M. Pass	in- Mann		1/4			1		150	0.40 0	A a D	111/	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attendance. TO FUNERAL DIRECTOR: After this certificate signed by the attending physic page 3 should be detached for use as the corrior transit permit. Then please remove the registrar prior to buriol, crematian, or removal, and in any event within 72 hours. VS A15 (4) 15M 10/57

by the funeral director, of 2 should be filed with

the attending physician and completely fills. Then please remove carbon papers. Pages 17



Smithsburg Cemetery

24a. REC'D BY REGISTRAR

DATE

ADDRESS

Hagerstown Md.

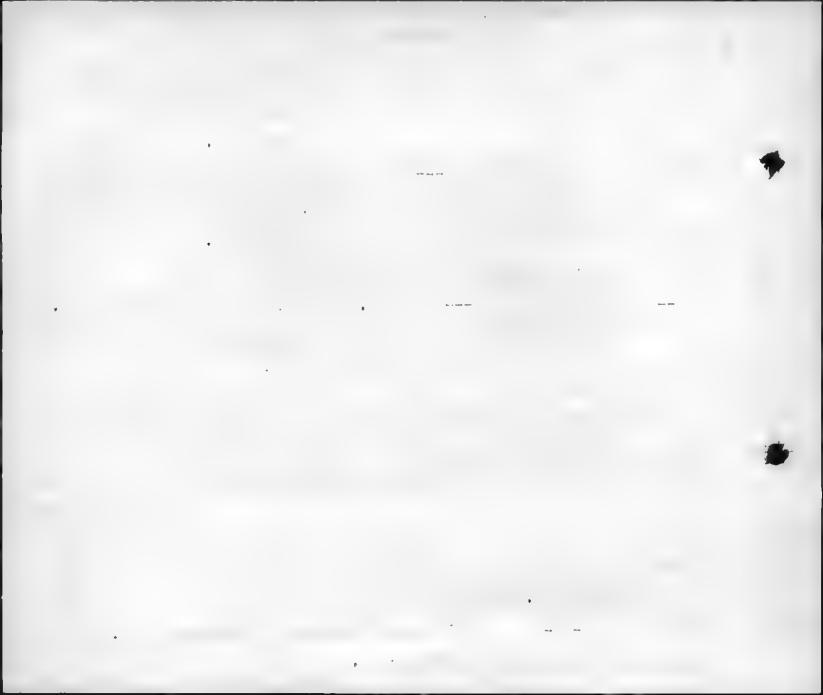
24 hours after death. Page VS A15 (4) 15M 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE

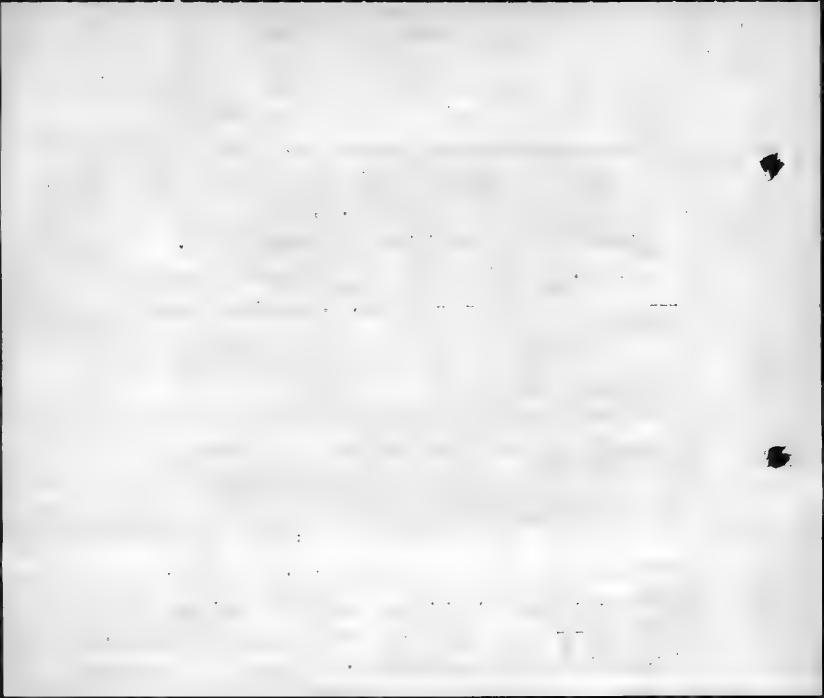
Minnich Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1184811 Reg. Dist. No. b. COUNTY Washington IS RESIDENCE ON A FARM? YES T NO T Month Year 1058 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? Address Hagerstown Md. INTERVAL BETWEEN PERFORMED? YES NO 17 (County) (State) 190 Othat I last saw the deceased M, from the causes and an the date stated above. **DATE SIGNED** Smithsburg 246 REGISTRAR'S SIGNATURE



Hagerstown Md.

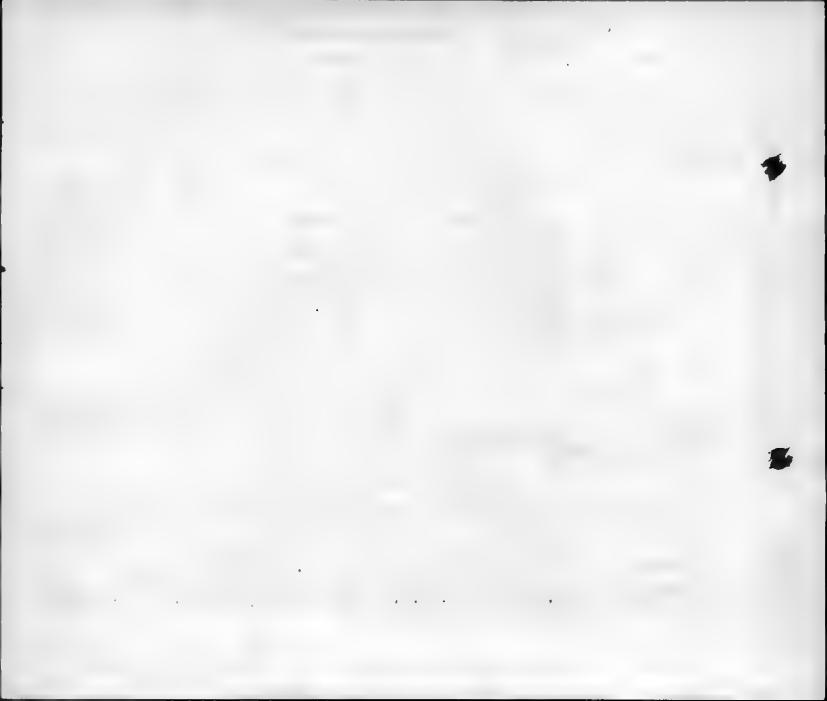
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(ea ,		8491 CERTIFICATE OF DEATH Reg. Dist. No. 15482
Page director		1	PLACE OF DEATH O .COUNTY ASHINGTON ARYLAND O .STATE MARYLAND O .STATE MARYLAND ASHINGTON PLACE OF DEATH O .COUNTY MARYLAND ASHINGTON
eath eral be fi			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ter d		-	CONOCOCHEAGUE 4 YEARS HAGERSTOWN d. NAME OF HOSP TAL (If not in hospital, give street oddress) d. STREET ADDRESS e. 15. RES'DENCE
urs of by th d 2 st	91	١ [GATE WAY NURSING HOME 931 A LANVALE STREET ON A FARM?
24 ho		3	DECEASED
thin ly fail			SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER) YEAR IF UNDER 24 HRS
d wi			FEMALE WHITE WIDOWED DIVORCED AUGUST 28 1866 91 yrs. Months Doys Hours Min
camp papel cath.		ī	Do. USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stoke or foreign country) 12 CITIZEN OF WHAT COUNTRY?
on p			HOUSE KEEPER OWN HOME NEAR MYERSVILLE FRED.CO.MD. U.S.A.
e be an c carb			FATHER'S NAME
ficat ysici ove		낶	UNKNOWN KOOGLE ELLA FOX 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
cerfi g ph rem rem 72 hc			NO NO NO NONE MRS.ALTON KLINE BOONSBORO MD.R.2
ath in sose hin X		-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] (b) 20 (c) (c) (c) (c)
e de de la contre la contr			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) I CAUSE CONSET AND DEATH
if the the Yent			14 design Due to
s the			Conditions, if ony, which) (b) (1254 7 1/2 and (1)
gned in a			gave rise to immediate couse (a), stating the under.
ian.			lying couse lost.) (c)
hysical liberal litra			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
The The			200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB)
AN.			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICI officertifi os t			20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour o. m. While Not while of work of
PHY ol or this c			Hour o.m. While Not while toclory, street, office bldg., etc.) p. m. 19 of work of work
Spik fer i d for i		1	21. I certify that I attended the deceased from July 1, 1926, to 2004, 70, 1932 that I last saw the deceased
END he he R: Al ache buric		1	alive an decay and that death accurred at A from the causes and an the date stated above.
Dy det		1	ACTUAL SIGNATURE (W. C.
or be d be prior		1	SIGNATURE (W C) 10 M.D. WITTON ST. 1/2-45.
retail RAL Shoul		ٔ اِ	PHYSICIAN'S FOWARD W. Ditto III M.D. HAGERSTOWN MARYLAND
may be FUNE page 3 the reg		1	20 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (Stote)
0 0 0 5		7	BURIAL JULY 22 1958 BOONSBORO CEMETERY BOONSBORO WASH CO MD 3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240, REGISTRAR'S SIGNATURE
VS A15 (4)		ľ	John H. Bast Downshow Md DATE JUL 2 4 58 auch
15M 10/S7		F	Court to control to the tour open.

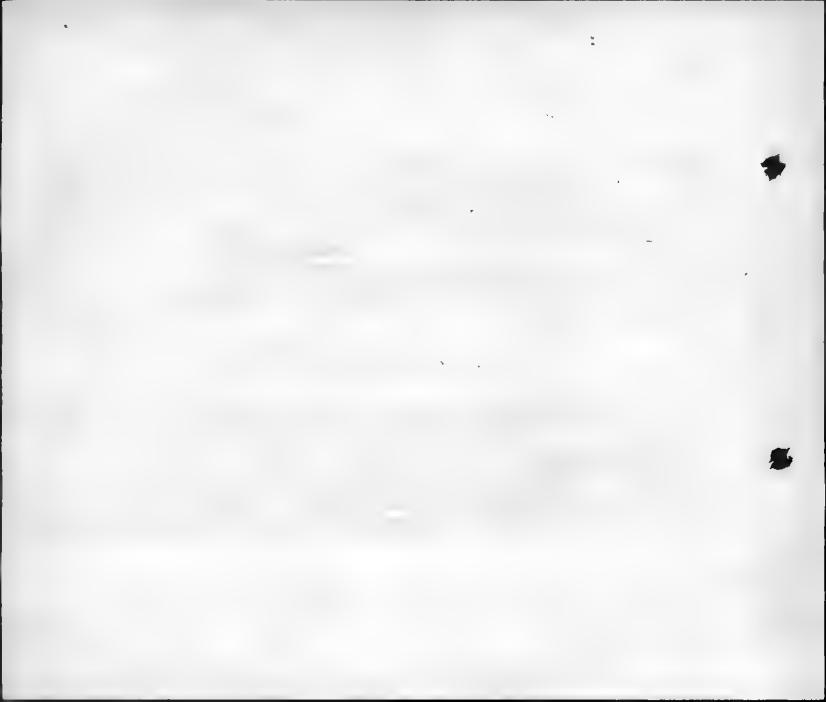


1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15483
	-		8464 CERTIFICATE OF DEATH Reg. Dist. No. 102
director.	M	1,	PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) D. STATE D. COUNTY MARYLAND (A) A Shine To M (A) A Shine To M (A) A Shine To M
death.	/		b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
i ic) 01	-	H. H. G.L. R. S. TOWA! d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? WHICH HOSPITAL ON A FARM? VESTINO TOWN ON OF THE STORY ON A FARM?
A hour			NAME OF Lost 4. DATE Manth Day Year DECEASED OF
Ily fill		5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
on completed on completed on completed on complete on		100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		13.	FATHER'S NAME () NORE Maryland U.S.A.
rtificate t physicion move cor hours of)		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
ing ph se remon 72 ha		(Ye	NO NO NO NO NONE CLUSSICE STRITE HAGEA STOWN RITHG MIC
attenill n plear			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Couseur You hay the disserve your and peath You hay the cause of the couse
that the by the 1. The y even			Conditions, If ony, which) (b) Hyle (24) (6,400,0)
signed t permit			gove rise to immediate couse (o), stating the under-lying couse lost.
hysicions bedan ll-transi	27	ATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 10 10
AN: The		CERTIFIC	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or atterist certificate as the mation.		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Year a.m. 20d. INJURY OCCURRED (State) (State)
ospital ospital ffer thi od for u		1	21. I certify that I attended the deceased from 2014 12 . 1955 to 4016 22 . 1955 that I last saw the deceased
y the h Y the h TOR: A detoche detoche			alive an Jeals 2/ 1950, and that death occurred at 1 An My from the causes and an the date stated above. TADDRESS (Street, city or town, state) DATE SIGNED
DIRECTOR Prior	7		SIGNATURE Salvar (u. V///au M.o. 217 W. Washington Street
HOSPITAL C nay be retain: FUNERAL DI age 3 shauld ne registrar pi	,	220	PHYSICIAN'S NAME (Type) EDWARD W. Ditto III. M.D. Hagenstown, Maryland 7/22/58 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
may be poge 3 the regi	, u		REMOVAL Specify 7/22/53 MENNONITE CEMETERY Chambersborg Penna.
VS A15 (4) 15M 9/55		(FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE STILL 2 4 '53 CILL ABOUTH DATE JUL 2 4 '53 CILL ABOUTH



H

· 8465 Ttem TCERTIFICA	ATE OF DEATH	Reg. 1	(15484 Dist. No.
1. PLACE OF DEATH O. COUNTY Washing for MARYLAND	2 USUAL RESIDENCE (Where de o. STATE	ceased lived. If institution Reside	ence before admission)
b. CITY OR TOWN (If outside corporate Mmil, write RURAL and give perfect fawn) August Town	Green	carporote limits, write RURAL and	give nearest fawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GALLOCK Chu. Home	d street adoress 216 E. 1	Eafternois st	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Pharles L.	Strite 4.0	EATH JULY 13	Day Year 19 5 8
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8 9 1872	9 AGE (In years lost birthday) Months	R I YEAR IF UNDER 24 HRS Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Edition (A. C.	Anti-len To	On-Franklin &	USA.
Christian Strite	Annie Shive	ly	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NORMANT St.	Address Address	My.
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	1- hronton	0	NSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO	Man		andonsun
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	D. (Enter nature of injury in Part 1 c	or Part II of item 1B)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work 10 wor	ACE OF INJURY (Home, form, 20f ctory, street, office bldg., etc.)	. (City or town)	(County) (State)
21. I certify that attended the deceased fram 12 fear alive an 12 fear and that death ACTUAL SIGNATURE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		tham the causes and an ESS (Street, city or town, stote)	last saw the deceased the date stated abave. DATE SIGNED
PHYSICIAN'S F/doz DHoach 100	huff ago.	21 Lower n	1
220 BURIAL CREMATION. 22b DATE THEREOF SEMOVAL (Specify) July 16, 1958 Codar Hill 23 FUNIERAL DIRECTOR'S SIGNATURE ADDRESS	Chaptery Ca	LOCATION (City, Jown, or county) PONCES TO PROJECT ARTER REGISTRAR 245 REGISTRAR'S S	Typ Fanklich
furthe ferman, Guarante,	DATE	6 58 Welle	cuch



e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO T

(Slote)

DATE SIGNED

(Stote)

U.S.A.

(County)

YES NO

Year

1958

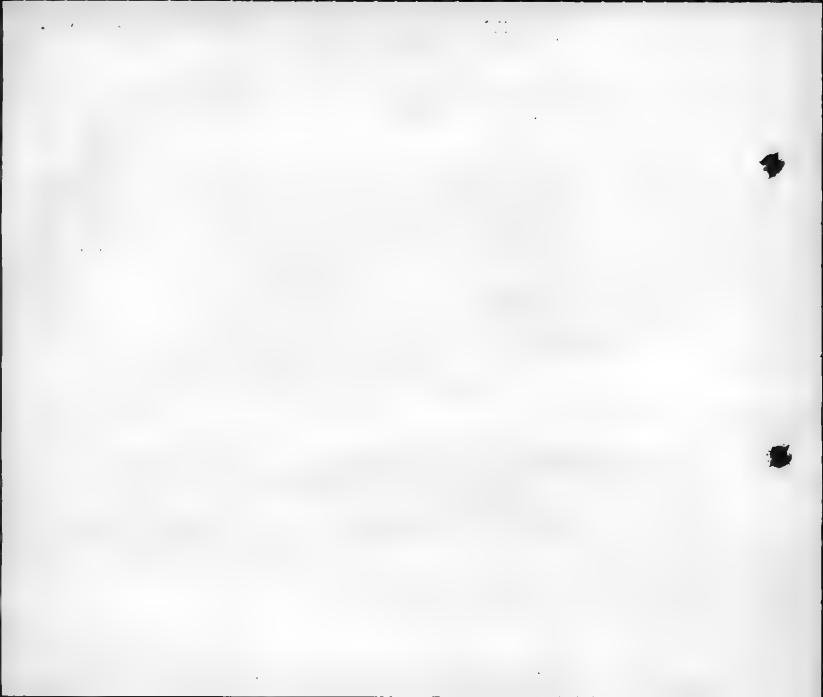
within 24

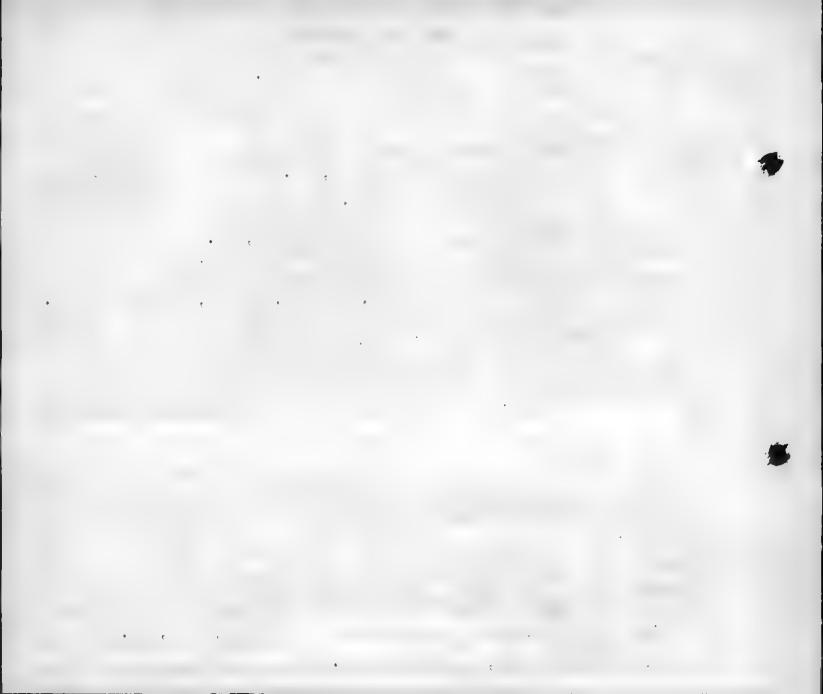
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Filed **b.** COUNTY ASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) RURAL and give nearest town? CLEAR SPELG d NAME OF MOSPITAL (It not in hospital, give street address) #d. STREET ADDRESS OR INSTITUT ON ALISHAY WU.ISTING MARKE OF First Middle 4. DATE Lost Month DECEASED AGNES mAC (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) Months FEMALE WIDOWED IX DIVORCED [7] yrs. papers 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) CEN HOME . ARYLAUD HUUSLWURK 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM BRIDENDOLPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 0 200. ACCIDENT WAS UNDERLYING A 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o, m. Not while at work of work p. m. 21. I certify that I attended the deceased fram 19.5. that I last saw the deceased and that death occurred at 120 T.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE should NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) SPRING, M.J. 23 (PUNERAL-DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR CLEAR SPRING, D.

Rea. Dist. No.

24b REGISTRAR'S SIGNATURE DATEUL 1 4 '58

VS A15 (4) 1SM 10/57



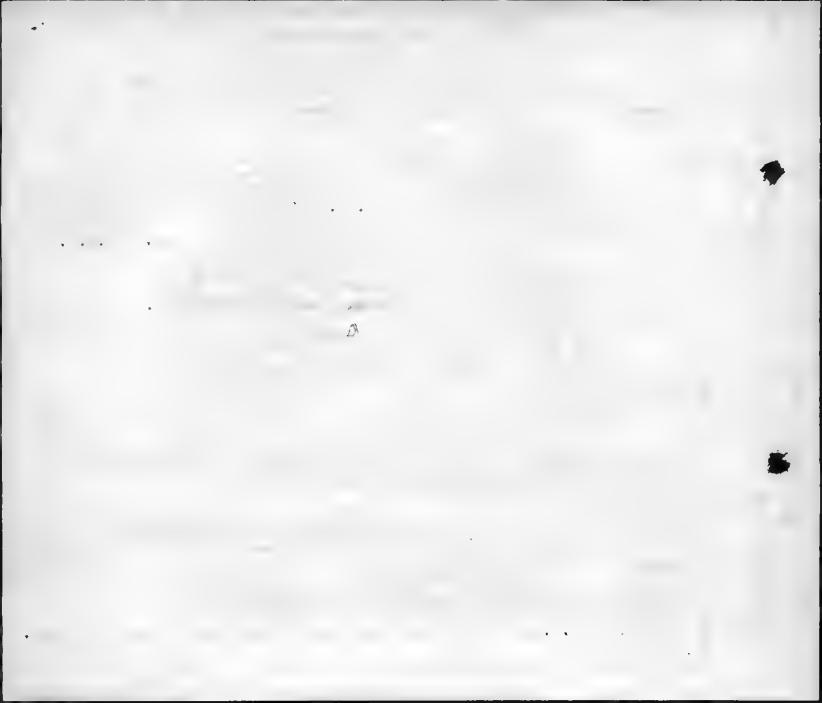


VS A1S (4) 15M 9/SS ñ

MARYLAND STA	ATE DEPARTMENT	OF HEALTH-BALTIMOR	E, 18
. 8493	CERTIFICATE	OF DEATH	

Reg. Dist. No. 08487

1	PLACE OF DEATH a COUNTY					2. USUAL RESIDENCE (Who o. STATE	era decesse		ani Residence	before o	dmission)
		Washi	ngto	n MARY	LAND	Maryland	1	b. COUNTY	Wash	ingt	on
}	b. CITY OR TOWN (IF RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If a	ulside corpo	rate limits, write R	URAL and giv	re nearest	town)
	Hancock			Life		X Hancock					
Г	OR INSTITUTION	AL (If not in haspital,	give street	address)		d STREET ADDRESS	e. i	RESIDENCE ON A FARM?			
L	OK PIGITION	Hom	0								S NO
3.	NAME OF DECEASED	Fı	rst	Middle		lost	4. DATE	Mon	th	Day	Year
	(Type or print)	M	ary	Ali	ce	Triece	OF DEATH	7		2	19 58
S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		P. AGE (In years lost, birthday)			JNDER 24 HRS.
	F	W	WIDOW	ED DIVORCE	□□	3.28.1863		95 71.	Mgnths D	GKs H	OUTS Min
. 120	o USUAL OCCUPAT O	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDU	STRY 11 BIRTHPLACE (State	ar fareign c	ountry)	12. CITIZ	EN OF V	HAT COUNTRY
	House	wife	"	Housewif	6	Washingt	on C	ounty M	d.	U.S.	Α.
√ 73	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				· · · · · · · · · · · · · · · · · · ·
	Joseph	A Vannos	deln			Susan	Row	land			
15	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO	17, 1	NFORMANT		Addi	ress		
,	No	· yes, grv - or or or or or	, , ,	None	St	san J Bohle	r Ha	ncock M	d.		
	IB. CAUSE OF DEAT	TH [Enter only one co	ouse per ly	ge for (a), (b), and (c)]	h 0	1			INTERVA	AL BETWEEN
	PART 1. DEAT	H WAS CAUSED BY:	. (Mana	11	Merchys	0110			ONSEL	AND DEATH
	, ,	DUE TO		1 1	J	1					
	Canditions, if any, which gove rise to immediate cause (p), stating the under-										
	lying cause last.	ue nuger-	:)								
Z	PART II. OTH			CONTRIBUTING TO DE	АТН ДУТ	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	(a) 19 V	VAS AUTOPSY
٦Š		SP	mil	e Do		TM				4	ERFORMED?
CERTIFICATION	200. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY O	CCURRE	Defer nature of injury in P	art 1 or Par	t II of item 18)			
		LI CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e Pi.	ACE OF INJURY (Hame, form,	20f. (City	or lawn)	(Co	untyj	(State)
4ED	Hour g, m, p, m,	19	While at war	k Ol work	fo	clory, street, affice bldg, etc.)				
*				<u> </u>		195D10 /	2 1	4 105	Øπ		
	21. I certify the	」 collended ine	deceas	e(-).			1-7-06	. (=, 19_ <i></i>	2,1 not la	st saw	the deceased
	olive an		12	T-d- Bra luoi	deoin	occurred at 5.		n the couses a reel, fily or lawn,		doles	stoted obove DATE SIGNER
	SIGNATURE	whet	Ki	Tolica	iz	M.D. Buskel	ey S	him	12 h	111	1-3-
	PHYSICIAN'S NAME (Type)	•		/ -			//		7	21	
22	BURIAL CREMATION	22b. DATE THEREO)F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d, LOCA	ION (City, town, o	at country		(State)
	REMOVAL (Specify) Burial	7.5.0	8			Cemetery	Blai		Indi		
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		1 4	BY REGIST		STRAR'S SIGN		Penna.
	Houne	Helen	2 6	tamere	1	mal DATERY	Nay .	h /	,	A	
			- 1				1 258	- Court	- 8 KM 1 1 /	#	



1	MARYLAND STATE DEPARTM	SENT OF HEALTH—BALTIMORE, 18 DR. WILLIAM BREWERIC
6	8467 CERTIFICA	ATE OF DEATH DR. WILLIAM BREWERI & H. 302
director	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) o STATE b. county Penna Franklin
d be fil	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) Hagerstown 17 hrs.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
y the fu 2 shault	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Washington County Hospital	d. street address Zullinger d. is residence on a farm? YES \(\) NO \(\)
P	3. NAME OF PISS Middle DECEASED (Type or print) James Cary	Valker July 31 158
wirnin etely fil	5. SEX Male 6. COLOR OR RACE Cauce WIDOWED TO DIVORCED	8. DATE OF BIRTH JAN 1 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UN
ond complete rban popers.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) PREACHER RETIRED	
cion s ofi	JOHN W. WALKER	14. MOTHER'S MAIDEN NAME MARY MC CLELER
ng physics remays 72 hour		MRS.MAUDE WALKER WAYNESBORO R.H.3
retained by the hospital or at the dear retained by the hospital or at the captured by the hospital or at them. Physicalan. ALD DIRECTOR: After this certificate been signed by the attendishould be detached far use as the burial-transit permit. Then pleas transfer prior to burial, cremation, ar remaval, and in any event within	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT GENERAL CAUSE OF DEATH CONCERNING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Mour a. ft. p.m. 19 of work of work 10 twork 10 tw	Cardiovascular disease 10 years NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMANT.
may be TO FUNER page 3 s	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) BURIAL AUG. 2, 1958 GREEN HILL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	MARTINGRIDG
VS A15 (4) 15M 9/55	ANDREW K COFFMAN 40E ANTISTAM ST	DATE AUG 4 '58 Click educh



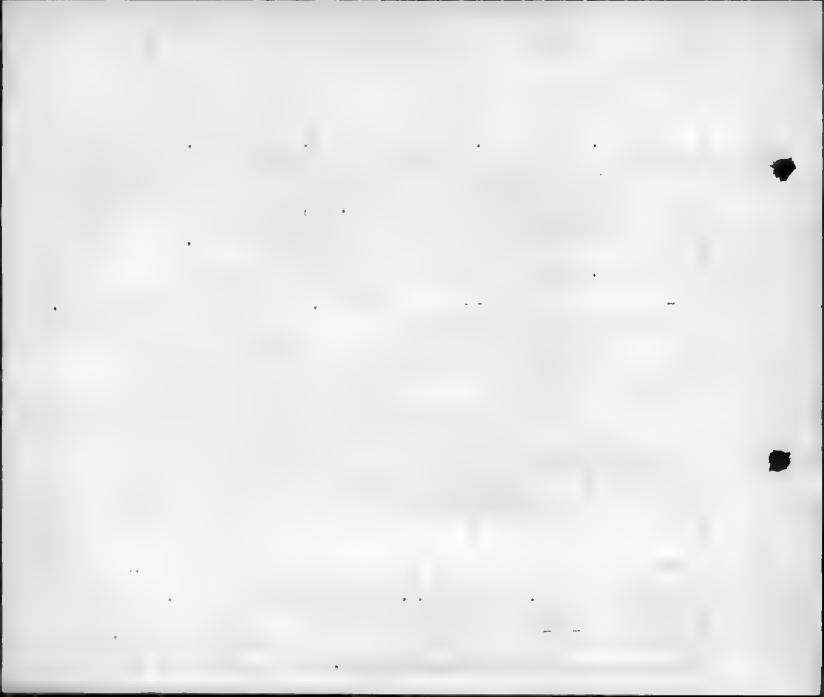
	MAKTI	AND	SIAIE DEPAR	. FIW	ENI OF REALIR	-BALIIN	MUKE, I	8	()	8489		
L	8468		CERTIF	ICA	ATE OF DEATH			Reg. Dist, I	**	O T ()-1		
	PLACE OF DEATH o. COUNTY Washington		MARYLI		2 USUAL RESIDENCE (Who	ere deceased live	d. If institution b. COUNTY	n: Residence b Washi		•		
	RURAL ond give nearest town] Hagerstown		c. LENGTH OF STAY IN LITE	11ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
L	d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 663 S. Potom	-des			d. STREET ADDRESS	tomac	St.		e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF Fir DECEASED (Type or print) MATY		Middle V	Vil	liams	4. DATE OF DEATH	July	16	Day	Year 19 58		
5.	Female 6. COLOR OR RACE White	7. MARR	DIVORCED	_	B. DATE OF BIRTH Dec. 26, 18	85 9. A	GE (In years st birthday) 72 yrs.	Manths Doy				
100	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired HOUSE WITE	Jone 10b.	own Home	INDU:	STRY 11. BIRTHPLACE (Stole of Hagerst		Md.	12. CITIZEN	OF WHA	T COUNTRY?		
13.	Victor E. Grube	r			14 MOTHER'S MAIDEN NA							
1S. {Ye	WAS DECEASED EVER IN U. S. ARMED FOR in, no. or unknown) [If yes, give wer or dates of s		SOCIAL SECURITY NO.		NFORMANT COVER C. Wil	liams	Hage	erstow	m M	id.		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under- lying couse lost.		cese boa	e.	Lewark Lew tic Ru	ngr	i tan	0	NTERVAL E DNSET ANI 30 n	tan		
RTIFICATION	PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING []				NOT RELATED TO THE TERMIN D. (Enter nature of injury in Pa			N IN PART 1(a	PERF	AUTOPSY ORMED?		
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Hour o. ps. 19	or 20d. It White of worl	Not while	De. PL/ fac	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)	20f. (City or to	own)	(Caun	ly)	(State)		
	21. I certify that I attended the olive an	2, 12.		eath	occurred at 1 <i>1.5.11 u.a.</i> M.D154_We	st Wash	e couses or city or town, s ington	nd an the o	dote stot	deceased red above. PATE SIGNED		
220	BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) BUT 181 7-18-58	F	22c. NAME OF CEMETE	RY O	R CREMATORY	228. LOCATION	(City, tawn, ar	**	(5ta	tej		
	FUNERAL DIRECTOR'S SIGNATURE		Rose Hil			BY REGISTRAR	246 REGIST	RAR'S SIGNA	TIPRE			
A	linnich Funeral Ho	ome	Hagersto	awa	Md. DATE JU	2 1 '58	The state of the s	reduce	A			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 no physician.

has are a signed by the attending physician and completely finds are signed by the attending physician and completely finds. may be retained by the haspital ar atterning physician.

TO FUNERAL DIRECTOR: After this certrif, has well an signed by the attending physician and complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death. VS A15 (4) 15M 9/55

in by the funeral director, and 2 shauld be filed with



Equires that the death Entificate be executed within 24 haurs after death. Tage II by the funeral directar, at 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certife has been signed by the attending physician and completely fl
page 3 should be detached for use as the Dural-transit mermit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. THE HOSPITAL DR ATTENDING PHYSICIAN: The form

> VS A15 (4) 15M 9/55

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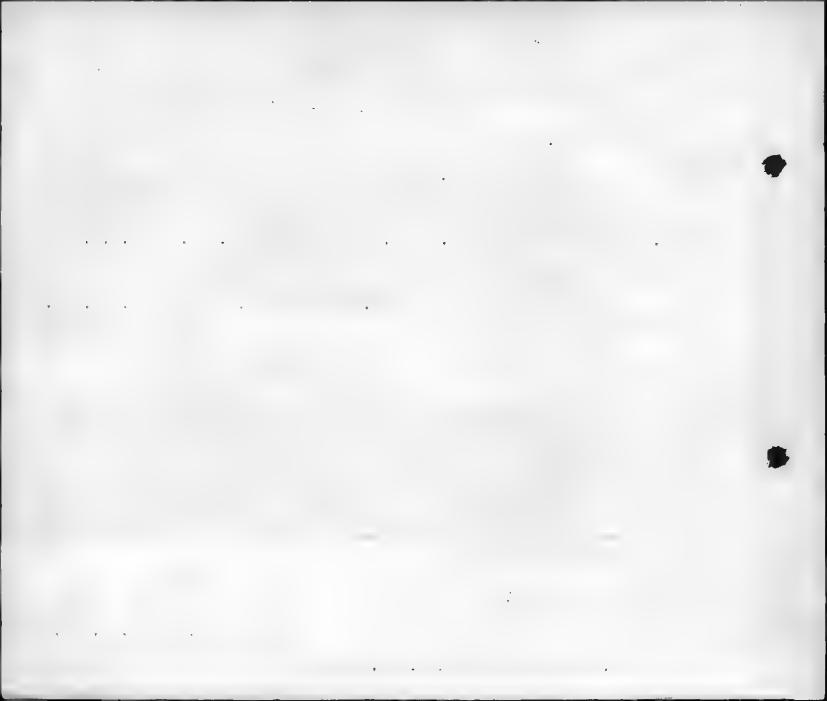
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
_			

8469 CERTIFICATE OF DEATH

08490

	0.7.00	CERTIFICA	TIE OI DEATH	R	leg. Dist. No.
1.	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WM	ere deceased lived. If institutions b. COUNTY	Residence before admission) rederick
b. CITY OR TOWN (If outside carparole limits, write RURAL and give nearest town) Hage ISCOWN		4 days	c. city or town (if or Rural - Sm	ulside corporate limils, write RUR/ 1thsburg /	AL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street of institution washington Co. Hospi	tal	d STREET ADDRESS FOXVILLE		IS RESIDENCE ON FARM? YES A NO
3.	NAME OF First DECEASED (Type or print) BEUNA	Middle	test OLFE	4. DATE Month OF DEATH Jul	Doy Year Ly 12 1958
	male white wipowe	D DIVORCED	8. DATE OF BIRTH May 2, 188	6 72 yrs.	UNDER 1 YEAR IF UNDER 24 HRS Nonths Days Hours Min.
	The state of the s	Gen. Mdse.	Frederi	ek Co. Ma.	U.S.A.
13,	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Jonathon Wolfe		Amanda	Blickenstaff	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no or unhangem? (If yes, give war or dates of service)		Normant 1.Sensenaba	Address ugh, Smithsbu	
CATION	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoling the under: lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS C	este los or parties on production of polaris But of the put of the	af Analas Interior In The TERMIN	Sefetosis NAL D. SEASE CONDITION GIVEN	ONSET AND DEATH O MAN O MAN IN PART 1(a) 19 WK AUTOPSY PEKFORMED?
CERTIFICA	200. ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort 1 or Part It of item 18 }	YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour a. m. 19 of work		ACE OF INJURY (Home, farm, ctory, street, effice bidg., etc.		(County) (State)
	21. I certify that I attended the decease alive an selection 19.5 ACTUAN SIGNATURE PHYSICIAN'S PHYSICIAN'S NAME (Type)	_ / / / /	accurred a La	the fram the causes and yourses (Street, city or lown, stored)	that I last saw the deceased an the date stated above. TO DATE SIGNED 12 12 12 12 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18
22	BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lown or o	ounty) (Stole)
	Biraal July 14,1958	Reformed	Wo	lfsville. Fr	red.Co. Md.
23.	FUNERAL DIRECTOR'S SIGNATURE PAUL F BITTLE MYE	ADDRESS	24o. REC'U	WL 15 58 246 PEGISTRA	AL'S SIGNATURE



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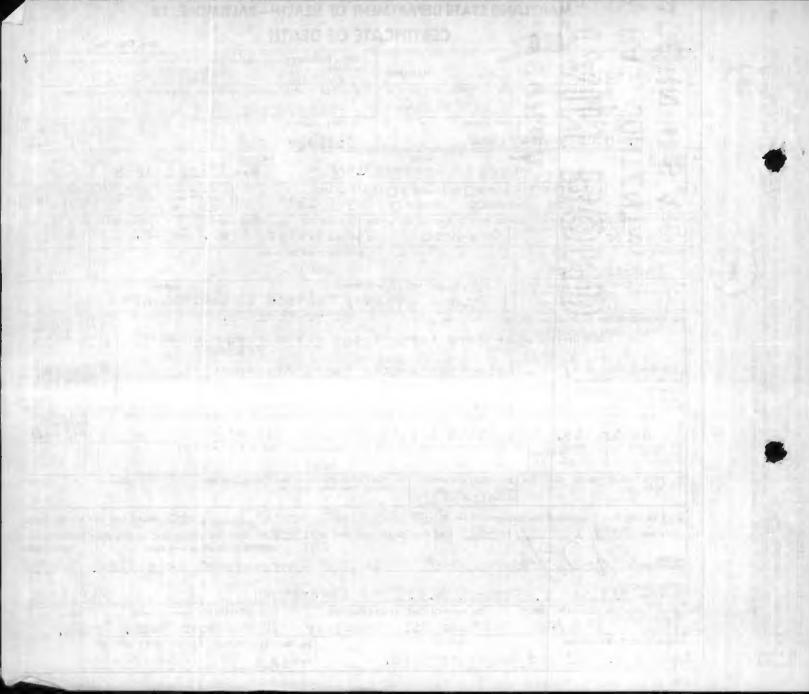
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

(18436) Reg. Dist. No.

8470	CERTIFIC	ATE OF DEATH		Reg. Dist	No. 302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whee 9. STATE Maryland	₩ 5 b. COU		before admission)
B. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, wri	le RURAL and gi	ve nearest town)
Hararetown	3 Days	X Hagerst	own R#	4	
d. NAME OF HOSPITAL (If not in hospitol, give of INSTITUTION ash. County Hosp	street oddress)	d. street Address J College F	Don'd		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First	Middle			64. 4	
(Type or print) ANNA CI	INE WINTER	RS*WOLFE	DEATH July	1 1958	B 19
- 000	MARRIED NEVER MARRIED DOWER DIVORCED	May 9 1877	9. AGE (In ye lost birthdo		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	Own Home	Fiddlersbur		200	EN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Samuel Cline		Laura			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yas, no. or unknown) [11] yes, give wor or dotes of service	101 00 00 00 00000000000000000000000000	INFORMANT rvey Winters		Address on Ave	
18. CAUSE OF DEATH Enter only one couse		Hagerstow			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY				o words	ONSET AND DEATH
1420 Due to	oronary insuff	iciency and	failure	eart	6 months
7 0 1 0	A A 2 2 A	1 - 1			0
gove rise to immediate					(certain)
lying couse lost.		(ociouin)			
	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART	161 19. WAS AUTOPSY
Arthritis, rhe					PERFORMED?
	DESCRIBE HOW INJURY OCCURRI				10 HO (19
	20d. INJURY OCCURRED 20e. Pi	LACE OF INJURY (Home, form,	20f. (City or town)	IC o	eunty) (Stote)
Hour e. m. 19	While Not while for work of work	octory, street, affice bldg., etc.)		(20	(5.00.)
21. I certify that I attended the de	ceased from June 29) , 158 , to Ju.	ly 1 195	8that I la	ist saw the deceased
alive on July 1	19.58 and that deat!	accurred at 6:55P	M, from the cause	s and on the	e date stated above
1101	0 0		DDRESS (Street, city or to		DATE SIGNE
SIGNATURE // Om	non, Md.	M.D. 100 Prof	essional A	rts B1	dg. 7/2/58
PHYSICIAN'S William T. I	ayman. M.D.	Hagersto	wn		Maryland
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, tov	vn, or county)	(Stote)
Burial (Specify) 7/3/58	Rose Hill	_	Hagerstown		Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$			EGISTPAR'S SIGN	
Andrew K. Coffman I	Hagerstown Md.	DATE JU	8 '58	Uhean	eh



FUNERAL DIRECTOR: 0 VS A15 (4) 15M 10/57

e. IS RESIDENCE ON A FARM? YES NO P 10

Haurs

CITIZEN OF WHAT COUNTRY? American

IF UNDER 1 YEAR IF UNDER 24 HRS.

Reg. Dist. No.

.amsport

PERFORMED?

YES NO TO

INTERVAL BETWEEN OMSET AND DEATH

Greenlawn Cemetery

(County) (State)

19.24.that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED

22d LOCATION (City, town, or county) Williamsport

(State) Md .

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

240. REC'D BY REGISTRAR

24b_REGISTRAR'S SIGNATURE

